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A COMPARATIVE CONTENT ANALYSIS OF ALCOHOLISM TREATMENT  
PROGRAMS WITH A FOCUS ON A NATIVE TREATMENT ALTERNATIVE

by

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Bachelor of Social Work, Laurentian University, 1994  
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A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

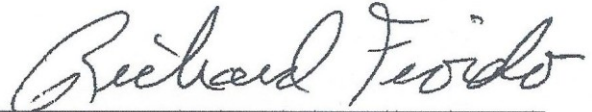
Doctor of Philosophy

Grand Forks, North Dakota

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2014

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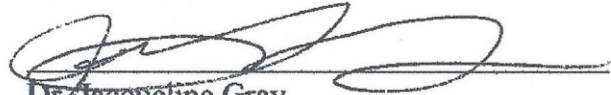
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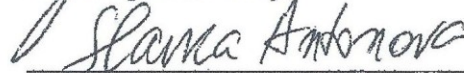
Dr. Richard Fiordo, Chair



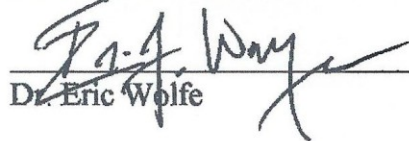
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Dean of the School of Graduate Studies

May 4, 2014

Date

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Michael J. Eshkibok  
April 16, 2014

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To my son, Ryan Bressette



## ABSTRACT

A historical account of Native American Indian culture is set forth to provide the antecedent events for understanding problems with and solutions to alcoholism among Native American Indians. Two 12-step alcohol treatment programs are explained, compared, and contrasted: Alcoholics Anonymous (AA) and a Native 12-Step Program.

Qualitative analysis was used to collect information from 13 Native American Indian counselors in alcohol treatment programs and data was analyzed by coding transcripts of taped interviews, then grouping data into categories, determining themes from the categories, and drawing conclusions.

Three conclusions emerged from the qualitative data analyzed from Native American Indian alcohol treatment counselors. When treating Native American people (or Native people or Natives) suffering from alcoholism, the following conclusions were drawn: (a) Native people with alcohol problems believe they must reconnect with a great power, a power that runs throughout all of nature. This Greater Power (or Higher Power or Great Spirit) exists within people and helps them to survive and remain sober; (b) the best way to help oneself is by helping others – by meeting in groups (as opposed to trying to stay sober alone); and (c) sometimes, returning to Native culture and traditions is preferable and may be necessary for Native American Indians to reach sobriety and

remain sober. The researcher employed the Indigenous Standpoint Theory as a basis for his communication theory and to explain the findings from qualitative interviews.

## **CHAPTER I**

### **INTRODUCTION**

*“No one saves us but ourselves, no one can and no one may.” – Dhammapada  
(as cited in Fiordo, 2011, p. 175)*

When it comes to alcoholism, only alcoholics can save themselves. However, alcoholics can receive worthwhile assistance from others. As the psychotherapist, O. Hobart Mowrer repeated to his patients: “You alone can do it, but you cannot do it alone” (Hazelden Foundation, 2005, p. 26).

#### **Background**

The federal government estimates the economic costs to society from alcohol and illicit drug abuse to be about \$250 billion a year—the equivalent of \$1,000 per person annually. . . . Drug abuse is expensive economically and, considering the waste of human potential and misery it causes, it is expensive in human costs. (Levinson, 2002, p. 1)

#### **Social Problems Among Native Americans**

American Indians and Alaska Natives have lower life expectancies than the dominant population (American Psychiatric Association, 2010). According to the *American Indian/Alaska Native (AI/AN) National Behavioral Health Strategic Plan, 2011-2015*, health behaviors explain half of what determines American Indian life expectancy, and six of the top ten leading causes of death among American Indians can be prevented or remedied through behavior modification (IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, & IHS, 2011).

“The ten leading causes of death seem to have a direct or indirect connection to drug and alcohol abuse: (1) cardiovascular disease, (2) cancers, (3) accidents, (4) diabetes, (5) liver disease and cirrhosis, (6) cerebrovascular disease, (7) pneumonia, (8) suicide, (9) homicide, and (10) chronic obstructive pulmonary disease” (Indian Health Services as cited in Ma & Henderson, 2002, p. 278). As such, alcohol-related behaviors have devastated Indian families and communities that include different types of abuse and other social disorders (Medicine, 2007).

Behavioral modification can lead to successful behavioral change. Successful behavioral change calls for Native people to participate more fully in their community, requires more resources than are available at the time of this report, demands leadership, cultural reconnection, and the ability of systems to be responsive to change and tolerant to emerging issues. The importance of cultural and traditional practices and other learning methodologies should not be underestimated when addressing the devastating intergenerational impact of historic trauma and experiences where American Indian culture has not been respected (IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, & IHS, 2011). “People can change. It is a time for healing” (Arbogast, 1995, p. 30).

The abuses of alcohol and other illicit drugs and the effects they have on tribal communities have been a concern to tribes as they continually work to heal their people. Alcohol and drug abuse issues continue to threaten the health and well-being of AI/AN communities. According to the IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, and IHS (2011),

- AI/ANs are more likely than any other race to have a past-year alcohol use disorder.
- AI/ANs are more likely than any other race to have a past-year illicit drug use disorder.
- AI/AN alcohol-related death rate is 519% greater than the U.S. all-races rate. (p. 6)

The IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, and IHS (2011) go on to say:

Alcohol abuse also has tragic generational consequences for AI/AN communities. Fetal Alcohol Spectrum Disorders (FASD) are caused by alcohol consumed by a mother during pregnancy and affect AI/AN children at higher rates than the general population. FASD can cause physical, mental, behavioral, and/or learning disabilities with life-long implications. (p. 6)

Alcohol abuse can occur along with mental health disorders thus complicating diagnosis and treatment of those who suffer from both, adding more complexity to behavioral health care systems. It is common for drug and alcohol abuse to overlap. Left untreated, complications include suicide, premature death, homelessness, incarceration, unemployment, physical health problems, etc. (IHS National Tribal Advisory Committee, HIS Behavioral Health Work Group, & IHS, 2011). The toll can be significant. “Alcohol’s effects on the brain are insidious, continuous, and destructive, especially on the developing brain” (Maltzman, 2008, p. 8). “One size fits all” does not work for American Indians and they need “a different set of tools as they seek recovery” (Walle, 2008, pp. 3, 5).

### **Context of the Problem**

The book *Many Roads, One Journey* (Kasl, 1992) is for all people, but it is positioned for women and minorities, because it is their reality which has been omitted in

approaches to overcoming dependency and addiction. This research applies especially to American Indians who suffer from alcoholism at five times the national average (IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, & IHS, 2011). American Indians need to follow a treatment program that has been researched and that works for them in particular. In order to do this, it is important to give an accurate account of what has happened to American Indian people up to this point, to understand where to proceed from here.

Addiction and dependency are societal problems rooted in racism, sexism, and poverty that come from patriarchy and hierarchy and result in fear (Kasl, 1992).

“The Indian problem” has been historically and consciously shaped by and through the system of colonization: defined by white supremacy, fueled by global capitalism, and a multidimensional force underwritten by Western Christianity (Grande, 2004). Colonization has spiritual, cultural, and psychological costs that can be linked with drug and alcohol abuse and mental health problems among American Indians (Prussing, 2011).

Even though alcohol addiction has a genetic factor, the will to abstain and the availability of alcohol is tied to our social system (Kasl, 1992). American Indians are under extreme pressure to assimilate into the dominant society and one norm of the dominant society is that drinking is socially acceptable. Poverty and oppression are more prevalent on reservations, so people living on reservations may be depressed, oppressed, or have feelings of hopelessness. Prevention is possible and must start with a shift in

consciousness concerning the importance of childhood development and our need for food, shelter, bonding, stability, protection, and mental stimulation (Kasl, 1992).

Even though Alcoholics Anonymous' (AA) has been very helpful in keeping this researcher drug and alcohol free since December 2, 1981, a lot of people leave AA for different reasons before they have achieved lasting sobriety. People are individuals and need diverse approaches to healing (Solomon, 2005). In order to explore this idea, the researcher wanted to examine and understand different people's needs and look at fear as a block to developing a healthy awareness of self and define what it is to be a fully functioning human being. The researcher wanted people to think for themselves and create a path that flows from internal wisdom. The researcher has a passionate interest in finding a creative and empowering way to fight addictions for others, and developed a program based on my ideas of how to do just that. However, it must be pointed out that abstinence from alcohol is not the only answer to this serious health problem (Velleman, 2011).

### **Statement of the Problem**

In the first step of Alcoholics Anonymous (AA), members are encouraged to admit they are powerless. But many American Indians already feel powerless because of social injustices, oppression over the years, and racism. Therefore, Alcoholics Anonymous may not always be an effective treatment program for American Indians. Because of differences between American Indian culture and the dominant culture, Alcoholics Anonymous doesn't work for everyone (Kasl, 1992). Ethno-historical theories emphasizing cultural trauma, patterns of subjugation and domination, and social learning

are replacing biological theories as root causes of alcoholism (McGovern & White, 2002). When a way of life and culture has been taken away and replaced with a new system, everything collapses (Robyn & Alcoze, 2006). Government has done little for American Indians compared to other social and cultural groups for funding health and addiction problems (Gould, 2006).

### **Purpose of the Study**

The researcher wants to uncover what American Indians perceive as the most effective and efficient way for Native people to fight alcoholism. The researcher plans to use content analysis to determine American Indians' awareness of their alcohol addiction and help more Natives overcome their addiction. Although American Indians suffer from poverty, shorter life expectancy, and racism, it is possible to live a lifestyle that may be more conducive to fighting oppression.

### **Research Questions**

By increasing knowledge on how to fight addictions among American Indians, the researcher hopes to help minimize the consequences of addictions, such as poor physical, mental, emotional, and spiritual health. Actual research questions are:

#### **Primary Research Questions**

1. What do Native drug and alcohol counselors see as the most effective alcohol program for Native people?
2. Do Native drug and alcohol counselors think spirituality plays a role in alcohol treatment programs for Native people?



3. If spirituality plays a role in alcohol treatment programs for Native people, do Native drug and alcohol counselors believe that spirituality plays a major role?
4. How will Native drug and alcohol counselors justify why they do or do not believe spirituality plays a major role?

### **Secondary Research Questions**

1. Because of the diversity among American Indian tribes, how might Native participants react to a specialized treatment approach that adapts the treatment program to the worldview and values of Native people?
2. Do Native drug and alcohol counselors believe that U.S. Native tribes have common solutions to alcohol dependency in spite of tribal diversity?
3. As the Native drug and alcohol counselors report it, how does the Alcoholics Anonymous treatment program meet the needs of American Indians?
4. Do the Native drug and alcohol counselors see other programs as meeting the needs of Native alcoholics better than AA? If so, which programs surpass AA and how do the Native drug and alcohol counselors explain the advantage over the AA treatment program?

### **Definitions of Terms**

The following terms have been explained or defined to allow for a common ground of understanding: alcoholism, American Indian, spiritual, and spirituality.

*Alcoholism*, originally meant the consumption of alcohol (ethanol), especially

when consumed excessively and producing drunkenness or illness; the term included acute or chronic intoxication from alcohol. In later use, the word was employed specifically to any person with the condition of being dependent upon or addicted to alcohol and unable to limit its consumption to a level which does not produce deleterious physical, mental, or social effects (Alcoholism, n.d.).

*American Indian* refers to a member of one of the indigenous peoples of the Americas, especially one of the peoples indigenous to the land in what is now the continental United States. *American Indian* as a term has been replaced, particularly in official contexts, by the more recent term *Native American*. The latter is preferred by some as being a more accurate description rather than the word *Indian* recalling Columbus's assumption that, on reaching America, he had reached the east coast of India. *American Indian* is still in widespread and general use partly because it is not normally regarded as offensive by American Indians themselves (American Indian, n.d.).

*Spiritual* – in the *Merriam Webster Online Dictionary*, *spiritual* is defined as: “of or relating to a person’s spirit; of or relating to religion or religious beliefs; having similar values and ideas; related or joined in spirit” (Spiritual, 2013, para. 1).

*Spirituality* – Closely related to the word *spiritual* is the word *spirituality*. Turning to the *Merriam-Webster Online Dictionary* again, *spirituality* is “the quality or state of being concerned with religion or religious matters; the quality or state of being spiritual” (Spirituality, 2013, para. 1).

### **Limitations of the Study**

Three limitations have been noted. The first is that only self-identified American Indians in treatment were questioned in this one study. The second limitation is that participants were selected from people in treatment groups at the time of this study. Third and last is that the research was based on a sample of convenience.

### **Significance of the Study**

While there are many drug and alcohol treatment programs available, very few address the specific needs of American Indians who suffer from alcohol addiction.

Benefits to society will be positive and illustrate how American Indians deal with drug and alcohol problems in comparison to mainstream society. American Indians need to find solutions that work for them given their unique situation in America. The answers need to come from American Indians themselves because American Indians believe they have different values from those of the dominant society; and when they consume alcohol, they may forget their Indian objectives and values (as do all people). This results in serious health issues (physical, emotional, spiritual, and mental) that only make a longer life and a better quality of life more difficult to attain. During this study, a learning experience will occur because of the different perspectives American Indian participants will bring to alcohol addiction treatment and the knowledge being shared on a personal and intimate level.

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

If mental health is part of the foundation of a productive society, then treatment must be part of the foundation of a collective healthy mental state of mind for society. Nowhere else are injustices more evident than among the American Indians/Alaska Natives (AI/AN) population whose morbidity rates are 7.7 times higher for alcoholism and 1.7 times higher for suicide than those of their white peers (IHS National Tribal Advisory Committee on Behavioral Health et al., 2011).

#### **History of American Indians**

As members of federally recognized, sovereign domestic nations that exist within another country, American Indians are a distinct people in the United States. Since the “discovery” of America by Columbus and the “colonization” of the Americas, the demise of American Indians has been associated with European settlers and policies of the U.S. government (Grant & Brown, 2003).

#### **How Things Were Before European Colonization**

Before colonization of the Americas, begun in the late 1400s and continuing on at the time of this report into the 21<sup>st</sup> century, American Indian people were self-governing people who flourished extensively in North America. Before Western Europeans came to America and “occupied a special place” in American history, American Indians were sovereign over the land. Their very existence in modern times is a testament to their

resilience, to their individual and collective spirit. Contact with European colonists exposed American Indians to infectious diseases for which they had no immunity; and as a result, the population was decimated (Grant & Brown, 2003). History has shown that Europeans who have been drinking alcohol for hundreds of years have developed social guidelines for alcohol consumption. However, at times Europeans have also suffered from stages of wide-spread alcohol-related problems, such as social changes during the industrial revolution (Mancall, 2004).

### **What Happened After European Colonization**

In 1820, as European settlers moved “out west,” Congress passed the Indian Removal Act of 1830 to force American Indians west of the Mississippi River, sometimes in the dead of winter, with catastrophic results. The U.S. government directed many tribes to live on reservations, parcels of land of poor quality that made it difficult, if not impossible, for individuals to live successfully. Treaties which created the reservations were signed and then broken and struggles between the tribes and U.S. government resulted. The Plains Indian Wars erupted and lasted until the end of the 19<sup>th</sup> century and included the wholesale slaughter of American Indian men, women, and children. As colonists moved westward, the U.S Congress passed laws that made American Indians wards of the state (Grant & Brown, 2003).

Even though American Indians were being killed or forced onto reservations, some Euro-Americans objected to the destruction of entire Indian nations. In 1887, when the bloodiest of Indian wars had ended, Congress passed the Dawes Severalty Act that allotted portions of reservation land to Indians. The government sold reservation land at

bargain prices. The Dawes Act, which was intended to integrate American Indians into the dominant society, had devastating consequences. In addition to losing a huge amount of reservation land, many individuals lost their allotted lands and had little left for survival. By the early 1900s, only about 5% of the original American Indian population remained after estimated first European contact (Grant & Brown, 2003). The removal of American Indians from their lands is a result of past government policies and the influence of European settlers (Grant & Brown, 2003).

A movement of the federal government to educate Indians in boarding schools started in 1879 and was perceived as a “civilizing” influence on American Indians. By the 1930s and 1940s, almost half the Indian population had attended boarding schools. The passage of the Indian Reorganizational Act in 1934 put excessive importance on civilizing American Indians and teaching them Christianity. Indian children were sent thousands of miles away from their families to government-run or church-run boarding schools usually to isolate the children from the “detrimental influences” of reservation life (Grant & Brown, 2003).

Public criticism of American Indian policies by the Brookings Institute for Government Research began in 1926 with a study by the institute. In its 1928 report, Meriam et al. (1928) said:

The first and foremost need in Indian education is a change in point of view. Whatever may have been the official government attitude, education for the Indian in the past has proceeded on the theory that it is necessary to remove the Indian child as far as possible from his home environment; whereas the modern point of view in education and social work lays stress on upbringing in the natural setting of home and family life. Although some children did well in these settings, others did not. Reports of harsh discipline were widespread. (p. 32)

As cited in Grant and Brown (2003), the National Resource Center on Child Sexual Abuse stated many American Indian children were sexually abused while attending boarding school. One encouraging result is that boarding school experiences gave students a shared social consciousness and so resulted in increasing political change (Grant & Brown, 2003).

One of the policies of the U. S. government was to prohibit spiritual practices. This continued until the American Indian Religious Freedom Act of 1978 was passed. Despite the banning of American Indian spiritual practices and the Christianizing of American Indians by churches, indigenous culture and spirituality have survived (Grant & Brown, 2003). Traditional cultural views still greatly influence the way American Indians understand healing, health, life, and illness. This leads us to take a brief look at the situation of American Indians today.

### **American Indians Today With a Focus on Alcohol Addiction**

The U.S. Census Bureau stated that the number of AI/ANs who lived in the U.S. in 2010 was 2,932,248 or 0.9% of the population (Norris, Vines, & Hoeffel, 2012). The American Indian population is geographically scattered, economically disadvantaged, and culturally different from mainstream society in the United States. Disease patterns among Indians are intensely associated with adverse consequences from cultural dislocation, limited access to health care, and poverty, as well as racial discrimination, high unemployment, and lack of educational qualifications for maintaining successful sustained employment.

## **Alcoholics Anonymous**

In 1935, when Bill Wilson, cofounder of Alcoholics Anonymous, quit drinking, he went home to a dedicated, loyal wife, a warm home with enough food, and people who cared for him. He had a law degree and was a stockbroker and had all the privileges accorded an upper-middle-class white man from an old New England family. Most of the men who were instrumental in putting AA together came from similar backgrounds (Kasl, 1992).

Joseph, a Native American, started to drink in the Army, where it was considered “manly.” He had been through World War II, the Korean War, and what he called the “worst war of all”—being emotionally, physically, and sexually abused in a Catholic boarding school where he had been taken against his will as part of a government-ordered program to “assimilate” Native Americans into white culture. (Kasl, 1992, p. 4)

Thirty-four years later, he quit drinking and was afraid he would die and felt he was condemned. He couldn’t imagine what he would do with his life. Separated from his Native American culture, he worked in a mine with mostly white people and knew one sober person, his sister. He never drank again, went back to his reserve where he reconnected with his Native American customs and traditions and worked at a healing center for alcoholism (Kasl, 1992). Drinking problems tend to run in families (Marshall et al., 2010). There is a great need for new ways of treating American Indians for many life problems (Duran, 2006).

### **Development by Whites for Whites**

Founder Bill Wilson’s creativity, determination, and imagination in assembling the 12-step program that worked for him and many others does not change the fact that he was influenced by middle-class, white, male, Christian values of the 1930s. He did not



know that the steps in his program would eventually be used internationally for men and women struggling with all types of addictions (Kasl, 1992).

It is important to remember Bill Wilson based AA's program, a 12-step program, and the book *Alcoholics Anonymous* on experiences of a hundred white men. "He also based his definition of an alcoholic personality – egocentric, arrogant, resentful, controlling, or violent – on these people" (Kasl, 1992, p. 5). Yet, there are many people who are not alcoholic or drug addicted who have these qualities. The misleading message of AA is that there is only one road to getting sober; there isn't (Kasl, 1992). AA is not a cure-all for everyone (Kasl, 1992).

### **Successes and Failures**

Many people appreciate the support they get in AA, but find the steps oppressive and don't like the rigid approach or the custom of reading the Lord's Prayer at the close of the meeting. AA's 12 steps are used primarily for people with addictions but also for "codependency" groups.

Codependency has many definitions. Codependency describes people who feel defective, "lack a defined inner self," and look outside themselves for self-definition and self-esteem. Codependency characteristics can include: the inability to act out or express anger directly, staying in painful relationships when you should be getting out, setting aside one's own needs to please others (Kasl, 1992). AA's 12 steps are supposed to break down egos to help people become more sensitive to other people's needs. People who have been oppressed or victimized, however, need to build a sense of ego and affirm their power to take control of their lives. Reinforcing humility as AA attempts to do and

reminding people of their faults doesn't look like a remedy for people who already feel ashamed, who blame themselves for everything that goes wrong, and have little sense of themselves (Kasl, 1992).

While men and women question the 12 steps in AA, there seems to be more discontent among women. Women are socialized to protect male egos and be loyal to male institutions. The punishment for doing otherwise is to be called unflattering names and to lose friends, partners, and jobs. Therefore, many women end up saying nothing and keeping their doubts to themselves (Kasl, 1992).

The doubts of men and women who are independent thinkers and agnostic, who question AA's 12 steps approach, can be countered with patronizing statements that something is wrong with them. Different kinds of people with different needs require different methods of help while recovering from an addiction because what is important to one person, what is needed by one person, may differ from what is needed by another. "Treatment programs by and for women, lesbians and gays, teenagers, African Americans, and Native Americans are recognizing the multitude of problems underlying or coupled with substance abuse or repeated relapses" (Kasl, 1992, p. 11). It is not surprising that minority groups are creating their own support groups or treatment programs (Kasl, 1992).

Two main problems associated with AA make it difficult for some factions of society to respond to the program effectively. One, there is great trust, safety, and comfort in being with people like yourself, whether it be in a racial, sexual, or cultural theme, and AA doesn't address differences in race, gender, or culture; and, two, in the

AA program, part of an alcoholic's discovery is linking addiction to the alcoholic's oppression of their particular group and understanding the impact it has had on their addiction and their attempts to recover. For example, in their support groups, minority groups talk about sharing common concerns and being understood such as "coming out" for gay and lesbian people, growing up on an Indian reservation for Indian people, or for women, simply being a women in a patriarchy. Another theme is that minority people feel more comfortable talking about battering and violence in their own reference groups because minorities do not want to expose these problems to people who hold dominant positions over them. Most importantly, these groups seek out a holistic approach to healing for drug and alcohol that fits their needs (Kasl, 1992).

The 12-step success rate has been shown to be about 3% (Brown, 1991) and only 5% for AA. In addition:

- 45% of people who go to AA never go back after their first meeting,
  - 90% never return after their first year,
  - 5% retention rate (based on AA's World Services' own statistics).
- (Solomon, 2005, p. 13)

An AA document produced for internal use from five surveys done from 1977 to 1989 showed the following numbers:

- 81% attendees are gone (19% remain) after one month
  - 90% attendees are gone (10% remain) after 3 months;
  - 93% attendees are gone (7% remain) after 6 months
  - 95% are gone (5% remain) at the end of one year.
- (Solomon, 2005, p. 13)

## Alcoholics Anonymous – 12 Steps

AA bases its program on 12 steps. They are:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. (Alcoholics Anonymous World Services, 2001, pp. 59-60)

The basic question to consider is: Does this program help people achieve sobriety (Kasl, 1992)? The 12 step approach which says it is spiritually based helps people develop a level of faith that includes a strong internal sense of the ability to reflect on

one's self, compassion, spirit, passion, and the system one lives in, or does it simply empower people (Kasl, 1992).

Before the formation of 12-step programs like AA, there was the Oxford Group, a nondenominational evangelical movement that in many ways was the parent group of AA. It started in 1908 and began as a small group of mostly men who came from strong Christian backgrounds and who hoped to create good relationships based on honesty and moral principles that would change the world (Kasl, 1992).

The Oxford Group stressed principles that became parts of all 12-step groups, confessing one's defects, humility, deflation of ego, and being willing to make restitution, traits important for men with inflated egos but not for women who had been trained to block development of ego and self (Kasl, 1992).

Historically, Bill Wilson did not create the idea of peer support, but it is used in the AA program. Among Native American tribes, women have customarily come together to mark life changeovers and connect with the wonder of the universe through rituals with nature and the cycles of the earth. Native Americans and indigenous peoples have reinforced community bonds and sought to connect with spiritual forces with vision quests, discussion, talking circles, and ceremonies to mark birth, death, marriage, and life passages (Kasl, 1992). There are alternatives to Alcoholics Anonymous.

### **Eshkibok's Native 12-Step Program**

Charlotte Kasl mentioned three complete rewordings of steps in AA's 12-step program written by people with different addictions and diverse experiences. They were written by a feminist, a survivor of child abuse, and a Lakota, a Native American man.

They all wrote these steps as part of their healing journey. They agreed to include their steps in Kasl's book on the condition that the copyright extend only to reprints in publications of that book so readers who wanted to would be free to copy them for their personal use (Kasl, 1992).

In this same manner, Eshkibok (2004) developed, wrote, or re-worded a 12-step program to help American Indians deal with alcohol addiction. He explained:

The first step of AA is about admitting powerlessness and unmanageability. The first step is in conflict with Native values because while Native people have been made to feel powerless over their own lives, they can overcome that by admitting they have the power and responsibility to take control of their own life over their addiction. (p. 23)

In other words, Alcoholics Anonymous tries to teach clients they are out of control and need to admit that before being able to deal with their addiction. Eshkibok's Native 12 step program does the opposite and tries to teach clients they have power to overcome addiction. Like Alcoholics Anonymous, there are 12 steps to Eshkibok's program. They are:

1. *We admit/acknowledge we are out of control over our addiction, and have the power to take charge of our lives.* The first step of AA is about admitting powerlessness and unmanageability. The first step is in conflict with Native values because, while Native people have been made to feel powerless over their own lives, they can overcome that by admitting they have the power and responsibility to take control of their own life over their addiction.
2. *We come to believe that the Great Spirit awakens a healing wisdom within us when we open ourselves to that power.* The second step of AA is about coming to believe in a power greater than you that can restore you to sanity. Native people tend to believe the Great Spirit lives within them, not outside of them, which can help Native people guide themselves to make the right decisions.

3. *We make a decision to become our real selves and trust in the healing power of the truth.* The third step is about believing our will is the source of our power and that a good connection with the Great Spirit is good for us. Instead of turning our life over to the care of someone, it is better to inhale the positive and good life forces around us.
4. *We examine our beliefs and addictions in the context of living in a hierarchical, patriarchal world.* The fourth step should be about taking control of our lives and building on our strengths, abilities, and talents instead of a “moral inventory.” It is about accepting ourselves the way we are today.
5. *We share with another human being all those things inside us for which we feel guilt and shame.* The fifth step should be about accepting and loving ourselves because it is about sharing our secrets and that we can make mistakes.
6. *We affirm and share of ourselves not to hide or deny those qualities from others or ourselves.* The sixth step should be about letting go of our guilt and any behavior that prevents us from taking control of our lives and loving others.
7. *We become willing to let go of any behaviour that keeps us from loving others and ourselves.* This step should be about focusing on our growth through love and happiness and finding the balance with remembering our strengths.
8. *We make a list of people we have harmed and people who have harmed us, and become willing to share our grievances with them in a respectful way.* This step should be about being willing to making amends to ourselves and being in oneness with the world. It is about balancing the wrongs that have been done by you and not taking responsibility for others that have harmed you.
9. *We promptly become willing to admit our mistakes and make amends whenever appropriate.* This step should be about making amends that can help the healing process, because it clears the air, breaks our isolation, and restores our self-respect.
10. *We continue to look at ourselves and when we were wrong, we admitted it.* This step should be about keeping our relationships honest, starting with ourselves.

11. *We sought through prayer and meditation to improve our conscious contact with the Great Spirit.* This step should be about listening to that voice within us and following it with faith. It is about our feelings and doing what feels right and accepting the outcome.
12. *Because of these steps, we grow in awareness that we are sacred beings, interrelated with all life, and we contribute to restoring peace and balance to the world.* This step should be about giving back to others what we have been given. We must not only carry the message but also live it. By being open, loving, and real people who make mistakes, we have a positive effect on people around us. (Eshkibok, 2004, pp. 23-24)

Eshkibok's Native 12-Step program was based on Dr. Charlotte Kasl's 16-step empowerment model. This model uses a holistic approach to health that includes physical, mental, emotional, and spiritual aspects of the person. Addiction is viewed as a disease to be overcome with principles of love, trust, and affirmation, unlike the traditional AA approach of deflation of self (Eshkibok, 2004; Kasl, 1992).

### **Comparing Eshkibok's Native 12 Steps to AA's 12 Steps**

The researcher's Native 12 steps are similar to AA's 12 steps.

1. Native Step 1 is more focused on Natives taking power for themselves as opposed to AA's Step 1 saying human beings are powerless over their lives.
2. Native Step 2 is more focused on the fact that God, as we understand Him, lives within us and helps us heal, while AA's Step 2 focuses more on the power of God restoring sanity to us.
3. Native Step 3 is about being aware of the forces around us and making a decision to be open to truth, whereas AA's Step 3 focuses on giving up our will and giving control to God.



4. Native Step 4 is about accepting ourselves the way we are today in the context of living in a hierarchical, patriarchal world, while AA's Step 4 focuses solely on making a moral inventory of ourselves.
5. Native Step 5 is about sharing our secrets (including feelings of shame) we may possess to another person and admitting to ourselves that we can make mistakes. This is essentially the same as AA's Step 5 in which we admit to God, to ourselves, and to another human being the mistakes we have made.
6. Native Step 6 is about individual power again, where we let go of negative emotions such as guilt, so we can take control of our lives by deciding not to hide or deny negative qualities in ourselves from others; In AA's Step 6, individuals ask God to remove all defects of character from themselves.
7. Native Step 7 is about finding balance and remembering our strengths by letting go of any behavior that keeps us from loving others and ourselves; AA's Step 7 is essentially the same as AA's Step 6, the individual asks God to remove any shortcomings in the individual's character.
8. Native Step 8 is about making amends to ourselves and being in oneness with the world by listing those we have harmed and those who have harmed us and resolving to share our grievances with them respectfully. AA's Step 8 is similar except it doesn't consider those who have harmed us.
9. In Native Step 9 we become willing to admit our mistakes and make amends whenever appropriate; AA's Step 9 essentially says the same thing, make

direct amends to people whenever possible. But AA's Step 9 also adds a disclaimer, that you would not make amends if it would injure someone.

10. Native Step 10 is focused on the present and is about keeping our relationships honest and admitting when we are wrong: AA's Step 10 is essentially the same, continue to take personal inventory and when we do something wrong, admit it immediately.
11. Native Step 11 focuses on the spiritual link we have with the Great Spirit and attempts to strengthen that link through prayer, meditation, by doing what is right with faith, and listening to that voice within us. AA's Step 11 is similar: through prayer and meditation we improve our conscious contact with God by praying he will reveal his plan for us and we ask for the power to carry out God's plan. Again, the focus is on giving up individual power and giving that power to God.
12. Native Step 12 is about realizing we are sacred beings interrelated with all life, and we have the power to give back to the community by being open, loving, and realistic. AA's Step 12 speaks of a "spiritual awakening" similar to the Native 12 steps "realizing we are sacred beings" and like the Native Step 12, AA's Step 12 talks about caring for other alcoholics by practicing AA's 12 Steps and carrying these principles to all areas of a person's life.

Many of the Native 12 steps and AA's steps are similar, but the main difference is the Native 12 steps focus on the power within an individual in union with the Great Spirit, whereas AA gives up individual power and entrusts all to God. The Native 12

steps focuses on individual power because Native Americans feel powerless in the face of their recent history and oppression. AA focuses on giving up individual power because most of AA's clients come from a culture where they were in positions of power and abused that power.

### **Mental Health and Social Services Programs**

Mental Health and Social Services programs are community orientated prevention and clinical service programs whose activities are part of a bigger behavioral health approach. They include: traditional healers, drug and alcohol counselors, mental health counselors, psychologists, and psychiatrists. For AI/AN, drug and alcohol abuse, trauma, and poverty complicate the healing process. Mental Health and Social Services do promote the mental health of family and community by encouraging culturally responsive intervention, treatment, and prevention (Grant & Brown, 2003).

### **An American Indian Viewpoint on Health**

Existing ways of dealing with mental health do not appear to be working in meeting the needs of American Indians. American Indians are more likely to point out that they have more unmet needs in mental health care than white Americans which calls for some kind of explanation. A good theory of higher perceived need among American Indians is related to the existence of higher rates of mental health challenges. The solution according to this view is to increase access to professional service providers so that mental health challenges can be dealt with (Hodge, Limb, & Cross, 2009).

Evidence shows that American Indians do not have access to professional health services, but they do use mental health services. For example, a study ( $n = 161$ ) found 61

percent of American Indians did use mental health services more than whites (Hodge et al., 2009).

A critical perspective of the situation suggests that the problem is the service itself, not with the degree of access to services. Professional mental services are usually seen by American Indians as ineffective because the provided services just do not meet their needs (Hodge et al., 2009). The alternative view is that Western therapeutic services are inconsistent with American Indian culture and can be seen as a form of Western colonization.

### **Native American – A Constructed Concept**

It is important to be familiar with terms such as “American Indian” and “Native American” and to realize such terms are linguistic devices that apply to a wide diversity of tribes. There are over 550 American Indian tribes recognized by the U.S. government.

### **Therapy as Colonization**

Therapy is seen as the right way to address mental health requirements across cultures and populations. Psychotherapy is understood to be a scientific, neutral based method through which mental health problems are best improved. All human constructions are learned by and reflections of the Western Enlightenment worldview and continue to guide the trajectory of therapeutic missions (Hodge et al., 2009).

Although it is known that various therapies shape therapists understandings, their values are accepted. After years of professional mental health training, the professional mental health model is assumed to reflect the world as it is rather than one particular understanding of it (Hodge et al., 2009).

The belief that Native worldviews differ from the Enlightenment worldview functions on the foundation on which Western counseling is constructed. At a hypothesis level, a clash in values exists in many areas. Native understandings of wellness are characteristically not entertained as legitimate in the Western worldview. The selection of options presented to Native clients experiencing therapy is oppressive, because Native worldviews are effectively marginalized by mainstream mental health theory and practice (Hodge et al., 2009).

Native clients are slightly encouraged to accept a culturally foreign worldview through their commitment in the counseling process. In essence, therapy acts as an agent of colonization and as such Native clients are finely pressed into adopting norms derived from a Western worldview (Hodge et al., 2009). The fact is professional therapy is a systematically acculturated approach. It is time to consider re-evaluating and rebuilding the helping process on an indigenous knowledge foundation.

### **A Native Model of Wellness**

In the Native model, in comparison to the dominant culture, spirituality is supposed to be at the center of wellness. We are not so much humans on a spiritual journey as spirits on a human journey and our spirits will continue to exist after this life. In addition to the human spirit, spirituality also includes unequalled dimensions. People are in a bond with the Creator and with what may be called negative and spiritual powers and are considered differently by a number of traditions. Examples of negative forces are “the devil,” “evil spirits,” and “bad luck.” Even if invisible, these forces are real, and they influence people for good and bad reasons in this aspect of being (Hodge et al., 2009).

During their human passage people exist in a physical body. As in the case with our spirits, there are a lot of factors that affect our physical condition. These could include age, drug and alcohol use, food, sleep, and physical fitness. Although some characteristics such as genetics may be very difficult to change, other things in our life such as diet and exercise are not (Hodge et al., 2009).

Interrelated with body and spirit is the mind. It is important to highlight that “mind” in this context means a broader understanding than is typical among western mental health professionals. This includes affect, intellect, judgment, and experience and cognition like memory (Hodge et al., 2009).

People are not lonely beings but exist in a particular perspective that includes: family, community, history, culture, climate, and work. As part of their journey, people are born into a particular family that exists in a community that has a distinctive history and culture that forms people in certain ways. For example, among Native Americans, while high unemployment, lack of education, poverty, racism, and crime have a negative influence, tribal elders, family, and Native traditions usually have a positive impact (Hodge et al., 2009).

As with all cultures, Native cultures have strengths and weaknesses. It is important not to romanticize Native cultures. Finding balance is important to promoting wellness and evaluating cultures.

### **Balance as the Key to Wellness**

Body, mind, spirit, and context are interrelated and changes in one area affect other areas. For example, when one loses their job, there may be a feeling of unhappiness

and concern, which can be amplified by bad spirits exacerbating an already perilous state of mental health. While Western perspectives see a linear connection between being unemployed, unhappiness, and concern; within a Native context, these measures are conceptualized in a more circular way in which each event is viewed in relationship to the others (Hodge et al., 2009).

Well-being and health are basic to the intricate interplay between our mental, physical, spiritual, and contextual environment (see Figure 1). When all four of these areas are in balance, we are said to be healthy, because each area is functioning in harmony with the other areas. Even though balance and harmony are related and interweaved, they can be different.

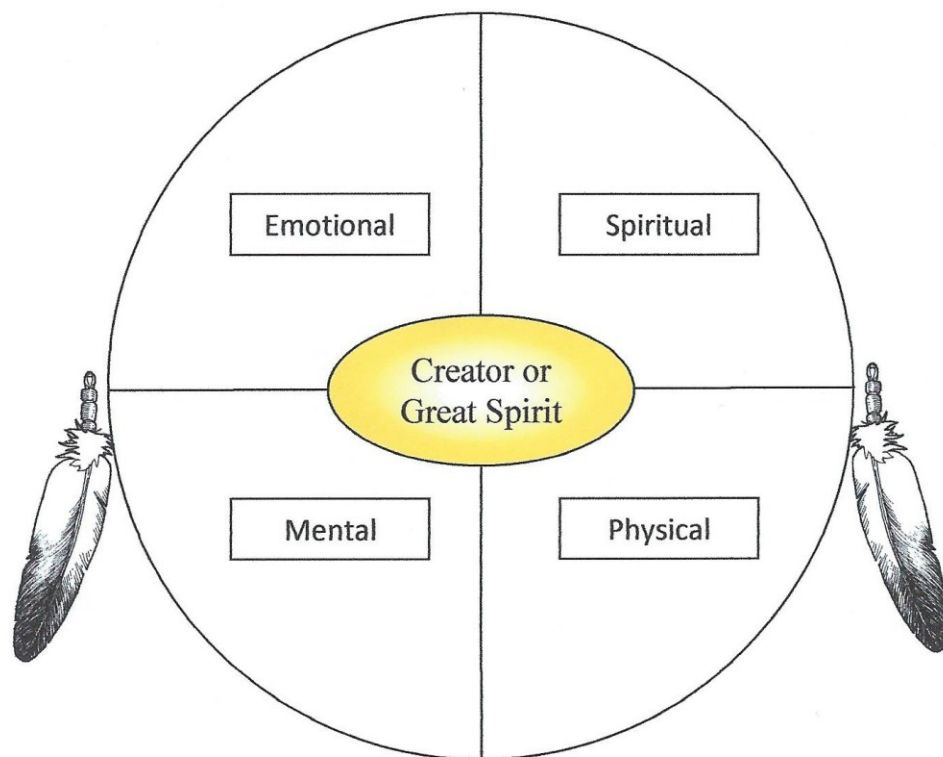


Figure 1. Example of a Medicine Wheel.

Balance is a normal state that is the outcome of stimuli and response, complex interactions, and drive and drive satisfactions. Some degrees of balance happen logically as depicted with or without intervention. Without intervention, balance may be purposeful but not necessarily ideal to what we want. For example, children in an alcoholic home may develop coping strategies that may bring balance to their lives; it may leave them at risk to other things. As long as humans survive, some form of balance exists.

Harmony, on the other hand, involves effort. Harmony results from the active search for positive balance. This route involves using self-discipline and some practices of spiritual, mental, cultural, or therapeutic interventions (for example: sweats, vision quests). Preferably, the process creates a condition in which each part of the Medicine Wheel creates positive energy. The energy of the medicine wheel then becomes greater than the sum of its parts. People who are in harmony tend to succeed, contribute to society, and are happier. While a number of implications come from this understanding of wellness, people are usually able to keep some form of balance and usually function in a healthy way. Health and wellness are not always preserved as we move through life; American Indians do get professional help (Hodge et al., 2009).

### **Implications for Mental Health Professionals**

Mental health professionals are trained to isolate problems in people. The problem is usually thought to be within the person in some way. A practitioner tries to correct a person's unproductive thought processes. The problem from this point of view is with the



person, precisely his or her schema. Looking at the problem as existing within the person can foster a background in which the person becomes identified with the problem, as happens when people are called “schizophrenics” (Hodge et al., 2009).

The Native perspective calls for a different way of looking at the problem. Rather than treating the person, the healer treats the balance. The problem does not lie within the person but in the lack of balance and harmony between mind, body, context, and spirit. Correcting the balance restores harmony. Healers emphasize or focus on understanding challenges through complex relationships in a medicine wheel. Instead of using a linear cause-and-effect background, healers look at challenges using an intuitive framework in which all four parts of a person are understood to be interconnected. Because of the interconnectedness among variables, changing one area ends up changing the whole system, although it should be noted that these interventions are illustrative and do not apply to all American Indians.

Psychological, contextual, physical, and spiritual parts of an individual might be used to promote balance and harmony, and it is important to emphasize that interventions do work. Healers try to understand the relationship among independent systems and plan interventions for that reason (Hodge et al., 2009). Healers can help drug users overcome their fear of change and help them process their purpose or vision in life (Lane, 2002).

This understanding is different from Western therapy. Native perspectives support a holistic perspective. Addiction to alcohol may be the product of an unbalanced relationship with the Creator. The best way to address drug and alcohol abuse may be a spiritual intervention that restores harmony between the person and the Creator, not a

cognitive intervention that addresses the mind. Once balance is restored, the problem is amended. Because of years of socialization that privileged Western scientific knowledge claims over spiritual knowledge, mental health professionals believe the interconnected nature of problems is usually for mainstream knowledge to understand (Hodge et al., 2009). For example, a noteworthy recovery movement for American Indians is the “Red Road to Recovery” that offers a system of cultural values that promotes a balanced lifestyle and abstinence (Substance Abuse, 2006).

For many American Indians, spirituality is a serious factor in healing and wellness. For example, in one chemical dependency project, American Indian women related their decision to stop using drugs and alcohol to a spiritual experience. This can also happen in the form of a voice, dream, or a vision. Restoring spiritual harmony by believing in something greater than yourself may play an instrumental role in recovery because you know you are not alone.

Implementing a Native perspective in a mental health setting will involve a concerted effort. Social workers are required by the National Association of Social Workers to stay within their areas of professional scope of practice. Given their socialization into a Western way of thinking, they are not likely to have the training, skills, or knowledge to work with American Indians in the way described by Hodge, Limb, and Cross’s article (Hodge et al., 2009).

Subsequently, it will be wise for those workers trying to help American Indians to form working relationships with specialists in American Indian culture and spirituality, because each tribe has a distinctive worldview, and collaborations should reflect these

unique worldviews. Even though basic models presented in this paper may be acceptable among American Indians, they are operationalized in numerous ways. For example, spirituality can be expressed within contexts as varied as indigenous settings, the Native American church, Pentecostalism, and Catholicism or some combinations of these. Therefore, an association of people trying to help Native Americans and specialists who know about Native culture may bring about a working relationship that includes: elders, medicine men, priests, teachers, or persons with specialized knowledge. As experts on their own life situations, clients are ideally positioned to suggest the most appropriate person to help them out and meet their needs (Hodge et al., 2009). It is important to mention 12 step groups like AA are not for all: (a) not everyone agrees addiction is a chronic disease, (b) not everyone prefers a more non-spiritual attitude, and c) some prefer a gender specific group (Center for Substance Abuse Treatment, 2008).

Even though mental health workers have good intentions, they have failed to address the needs of American Indians. Western style counseling delivers services that are “often ineffective and function as a vehicle for colonization” (Hodge et al., 2009, p. 218). Traditionally, images of American Indians and perspectives of Natives have been built from ignorance that have been reinforced by racial stereotypes as lacking willpower or in some way being spiritually or genetically weaker than the image “rugged individual” mainstream America aspires to; yet, there is evidence American Indians may actually abstain from alcohol consumption at a rate higher than the U.S. population (Garrett & Carroll, 2000). According to Garrett and Carroll, “70% of Americans say they drink compared with 40% of surveyed Native American tribes/nations” (pp. 379-380).

It is time to build the basics of an American Indian modality that works. A new era of increasing professional interest in spirituality may be beginning, but new American Indian perspectives are still needed (Hodge et al., 2009).

### **The American Indian Healing Experience**

Some say American Indians and Alaska Natives have been predisposed to alcohol since first contact with Europeans in 1492. However, there is no scientific evidence to support the impression that American Indians are biological and racially predisposed to alcoholism (Coyhis & Simonelli, 2008). Most people are not aware of the fact that struggles to fight alcoholism in Native communities have been continuing and been successful among American Indians for over 250 years (Coyhis & Simonelli, 2008).

For many American Indians, alcohol addiction recovery means a personal journey from intervention to treatment, recovery, and wellness. The process begins when someone or something intervenes in a person's drinking ways, and the person goes into treatment and into recovery. Coyhis and Simonelli (2008) called it "Wellbriety." It means to be well and sober. It means going beyond "clean and sober" by arriving at a way of balance and healing—spiritually, mentally, physically, and emotionally. Finding a way of returning to the culture is a goal considered by many American Indians to be central to addiction recovery. It implies a desire to live through the best traits of traditional cultures while standing firmly on the ground of life itself. Most non-Native recovery methods look at addiction as a disease that overlooks the economic, political, and social roots of addiction. The American Indian adds a dimension of recognizing sociopolitical causes

without removing acknowledgement of the hard work an individual puts into healing (Coyhis & Simonelli, 2008).

### **Post-World War II Experiences**

The first five or six decades of the 20<sup>th</sup> century were times of government suppression of Native American culture and ideas because of government assimilation policies. Alcohol problems worsened after World War II when American Indians returned home to the reservation after military life and war. They earned the right to purchase alcohol and were allowed to drink in bars. In keeping with the traditions of resistance to alcohol, the years after World War II saw the birth of the sobriety movement in Indian country (Coyhis & Simonelli, 2008).

After World War II, American Indians began attending the comparatively new Alcoholics Anonymous meetings, but had to leave behind their own cultural ways because their coping mechanisms had been made illegal or were discouraged by the federal government and missionaries on Indian reservations. It was not until the civil rights enthusiasm of the 1960s that American Indians could begin to practice their own spirituality and ways of life openly (Coyhis & Simonelli, 2008).

By 1980, American Indian cultural practices and prayers – smudging with sweet grass, cedar, or sage, speaking in one's tribal language, singing, Native ceremonies, and using drum groups at AA meetings or conventions – were no longer illegal. The Wellbriety Movement started in the mid-1990s by presenting the Medicine Wheel teachings and AA's 12 steps together. The Wellbriety Movement put importance on the need to go beyond sobriety to heal the deep wounds of intergenerational trauma passed

on by most Native people. American Indians now understand that alcoholism is a symptom of underlying problems. One problem is the trauma of oppressive genocidal actions and government policies that have been passed down from a dominant Euro-American society (Coyhis & Simonelli, 2008).

### **Other Ways of Looking at Sobriety in Native Culture**

#### **The Healing Forest model.**

Alcoholism, other addictions, and social issues connected to drugs and alcohol are also symptoms of underlying problems that intensify fear, guilt, and shame, creating an environment we call “unhealthy soil.” An example can be the intergenerational and historical trauma of making Native languages illegal that began in American Indian boarding schools starting in the 1870s and continuing until the 1960s. Language transmits culture and culture is how a people know themselves. When languages are outlawed, parents communicate shame-of-language to their children that can be passed on from generation to generation. Therefore addressing historical and generational trauma as suggested by Coyhis and Simonelli is important in healing Native communities and Native people themselves. In the Healing Forest model, anger, guilt, and shame are replaced by forgiveness, healing, hope, and unity (Coyhis & Simonelli, 2008).

#### **Medicine wheel teachings.**

As Coyhis and Simonelli (2008) stated in their article, most Native societies are channeled by circle-based teachings of traditional knowledge and have a lot in common with each other. The Medicine Wheel is a concept from the Plains Indian culture of North America (Four Winds Development Project, 1984-1989, see also Bopp, Bopp, Brown, &

Lane, 1988). It refers to concepts and circle drawings of all types that express spirituality and tribal beliefs. It is one way of expressing the laws, principles, and values that other tribes know in their own ways. The Medicine Wheel teaches that the Creator put into place a circle-based system that is still with us today. It teaches us that living beings are governed by a system of circles and cycles that repeats and renews in ever-changing ways. It teaches us that there are four directions of human growth – mental, physical, spiritual, and emotional – and four parts in our societies – the family, community, nation, and the individual. These cyclical based teachings express a different sense of life than the linear thoughts of the Western worldview. If we go out of equilibrium, the usual laws let us know through feedback in some form – stress, tension, or anxiety – giving us the meaning we are out of balance. Alcohol addiction is one signal coming from the usual law that life has been out of harmony and balance with the natural laws, principles, and values that make life worth living. For American Indians, the loss of culture and spirituality is one deep cause of Indian alcoholism (Coyhis & Simonelli, 2008).

The Medicine Wheel and Native elders teach that there is a seen and unseen world. The seen world is the physical world and the unseen world is the spiritual world. Ceremonies such as the sweat lodge, vision quests, sun dance, smudging, sweats, and tobacco offerings, and other ceremonies are used in the unseen world. Native people use the seen and the unseen world, the head and the heart, for complete recovery (Coyhis & Simonelli, 2008).

### **The medicine wheel and the 12 steps.**

Many older American Indians recovered from alcoholism by using AA's 12 steps. By the early 1980s, it was possible to introduce a few culturally specific features into AA meetings that American Indians attended. The medicine wheel and AA's 12 steps are culturally appropriate for American Indians (Coyhis & Simonelli, 2008). Coyhis and Simonelli believed when we place the 12 steps in a circle, they come into alignment with the circle teachings of American Indians. In this culturally friendly use of the 12 steps, each step may be worded a little differently than its AA wording. The steps are presented in a circle and not in a linear way. Another idea of Coyhis and Simonelli's is the association of a spiritual value with each of the 12 steps (Coyhis & Simonelli, 2008).

### **Talking circles.**

In Indian country, a lot of healing takes place in traditional talking circles. A talking circle starts when the helper offers prayers to the Creator. A smudge of either tobacco, sage, or cedar is passed around the circle so that each person may purify themselves by means of smoke. The helper or facilitator suggests a topic for discussion, or it may be left up to the group. Only one person can speak at a time and there is no argument or crosstalk. Each person speaks his/her mind from the heart and offers it to the circle. Each person hears all that is said and either responds directly to something heard or to what they need to say. What takes place in the circle is confidential and allows important issues to find their voice in a sacred way (Coyhis & Simonelli, 2008).



### **Culture-specific versions of the 12 steps.**

The culture-specificity of American Indian recovery from alcoholism puts forward that one could present AA's 12 steps differently without losing the essentials such as the already researched Native 12 steps the author proposes. An example of this might be a Buddhist expression of the 12 steps used in a Buddhist community.

### **Spirituality.**

A return to spirituality is important in getting sober. Spirituality is different from religious beliefs, but spirituality can include religious beliefs. At the time of this report, society had undercut a person's identity in their spirituality and replaced it with trust in materialism, logic, rationality, intellect, non-spiritual ideas, and left-brain direction. The Medicine Wheel teaches that a balance between mental, physical, spiritual, and emotional origins of a human being have to take place for a healthy life (Coyhis & Simonelli, 2008). This is an expedition we, as individuals, can only make ourselves. It's our decision alone to heal; no one can make it for us (Coyhis & Simonelli, 2008).

### **History of Treatment**

Addictions take a huge toll on the economic and social fabric of a community. Treating addictions has become a shared imperative as well as part of big business and government programming. It is important to understand how the treatment of addictions has evolved over time and how this has led to current treatment methods (Fisher & Roget, 2009).

## **Early America**

The use of alcohol was common throughout colonial America. After the Revolutionary War, production of spirits and distillation went up and drinking increased to a greater degree than before the war. In 1784, Benjamin Rush published a guide called “Inquiry Into the Effects of Ardent Spirits on the Human Mind and Body.” This was the first pamphlet to propose that alcoholism was a medical disease. Rush noted the features of alcohol dependency could qualify as a disease and should be treated like one that included as its adversarial effects: chronicity, and progressiveness, and called for special treatment which he called Sober Houses (Fisher & Roget, 2009).

By the 1820s, the Temperance Movement against alcohol use was gaining strength but later collapsed. Other alcoholic support groups included: the Ribbon Reform Club, Fraternal Temperance Society, the Drunkards Club, and the Washington Movement that later ended. The first publically funded hospital opened in New York in 1864, and people were usually coerced into staying there and required to stay for years. In 1849, a Swedish doctor, Magnus Huss, first created the term alcoholism and called it a disease and called for medical treatment of those afflicted with it. Alcoholic qualities included: a loss of control, tolerance, progression, craving, and a hereditary predisposition (Fisher & Roget, 2009).

## **Early Government Action**

During the 1870s, for-profit asylums like the Gatlin Institute and the Keeley Institute tried to help those with alcohol dependence and sold patent medicines they called “cures” for addiction. An exposé in 1905 revealed that most of these potions

contained morphine, cocaine, or alcohol and that the “cure” was worse than the disease itself (Fisher & Roget, 2009).

Alcoholics looking for help were usually left to common psychiatric treatments of the day, such as, bromide injections, and electroconvulsive therapy. The U.S. government passed the 18<sup>th</sup> Amendment to the Constitution in 1919 to try and manage alcohol abuse which prohibited the sale and manufacture of alcohol, but it ended in failure in 1933 when Congress passed the 21<sup>st</sup> Amendment to repeal it (Fisher & Roget, 2009).

### **Alcoholics Anonymous**

Organized intervention was renewed in 1935 with the founding of Alcoholics Anonymous (AA). AA identifies alcoholism as a disease with spiritual, physical, and psychological components. The key basis of AA is: the 12 steps, anonymity, abstinence, and mutual support. AA is run by recovering alcoholics and not by professionals and mental health workers. Therefore intervention is not seen as “treatment” but as a help to professional treatment. Most drug and alcohol rehabilitation centers and outpatient organizations use AA meetings and philosophy as part of treatment worldwide (Fisher & Roget, 2009).

### **Late 20<sup>th</sup> Century Trends**

In 1949, Hazelton Treatment Center was established in Minnesota to treat alcoholics. It viewed alcoholism as a disease rather than a moral failure. Hazelton was also known for its confrontational approach to getting people to change and is better known as the Minnesota Model (Fisher & Roget, 2009).

In 1956, E. M. Jellinek was instrumental in researching alcoholism and getting the American Medical Association to define alcoholism as a disease. He considered alcoholism a disease because it has appearances similar to other biological diseases that include chronicity, loss of control, and a progression that can lead to death (Fisher & Roget, 2009).

In 1966, Congress passed the Narcotic Addict Rehabilitation Act that provided treatment choices for those arrested on drug charges instead of sending them to jail. A number of paths in the history of addictions treatment are the same as the history of psychological treatments in general. Counseling approaches developed by Albert Ellis and Aaron Beck treated belief systems and thoughts of people as causes of their own psychological problems and came to be used in addictions treatment (Fisher & Roget, 2009).

### **Psychoanalytical Approaches**

The psychoanalytic practice of psychotherapy has been used to treat drug and alcohol abuse. Drug and alcohol abuse is seen as a symptom of insensible psychological battles that are being defended against or coped with by chemical abuse. This practice may include the idea of “self-medicating” hurtful feelings. People struggle with deep feelings about rejection, abandonment, or low-self-esteem, childhood abuse, or issues about trauma (Fisher & Roget, 2009).

### **Behavioral and Cognitive Approaches**

Albert Ellis, a former psychotherapist developed Rational Emotive Behavioral Therapy that advances the idea that dysfunctional actions, including addictive ones, are

caused by dysfunctional or irrational beliefs in the individual. Treatment consists of identifying and altering these beliefs for positive reasons. Some of Ellis's followers have been promoting the idea of natural recovery from drug and alcohol abuse, and note that many people do recover on their own (Fisher & Roget, 2009).

### **Motivational Approaches**

A lot of therapists have found the methods associated with the Minnesota Model ineffective or too confrontational. Relapse rates for alcoholics or drug addicts have always been high, approaching 90%. In response to this, Stephen and William Miller developed a style of motivational interviewing. The idea was to avoid confronting the addict about his/her behavior, and instead, find a more cooperative way to motivate the client to change. This includes the idea of starting a therapeutic, empathic relationship, accepting uncertainty, continuing with the resistance, helping the person with self-efficacy, and developing variance between the client's goals and behaviors. This style allows the client to talk about the positive changes of getting clean and sober, as opposed to not being lectured to, while the client is encouraged to compare the benefits of using drugs and alcohol with its costs (Fisher & Roget, 2009).

### **Treatment Settings**

After expansion of the Minnesota Model, most drug and alcohol treatment occurred in inpatient rehabilitation centers. The Minnesota Model included: detoxification, goal setting, family therapy, group meetings, concepts of drugs used, attending AA or NA (Narcotics Anonymous) meetings, individual therapy, and education in disease perception and the effects of drugs used. When a client was released, they were

given an aftercare plan that asked them to follow up on goals they had set in treatment. During the 1960s, aftercare facilities developed halfway houses that were “halfway” between going home and going to rehab and were designed totally to help addicts live a drug-free life. Inpatient facilities, though, frequently have a high rate of relapse and re-offending among those who use the facilities. When health companies became involved in paying for these stays in rehab, they became more dissatisfied with high rates and high costs of the high turnover of people involved. Treatment facilities developed programs that came to be called intensive outpatient programs or IOPs. IOPs allowed people to stay at home during the day while attending treatment with the same treatment aspects as inpatient programs. The program expected a person to attend at night as a way to stay clean during the day while being in treatment at night (Fisher & Roget, 2009).

Another step in the history of addictions treatment was drug courts. Drug courts addressed addiction by integrating treatment for addicts into the legal system by presenting nonviolent offenders with a choice of treatment or prison time (Fisher & Roget, 2009).

The history of drug and alcohol abuse (and treatment) has gone through many changes. There appears to be an attempt to narrow the window between scientific research and those called to treat drug and alcohol dependency. Although many believe there is no cure for alcoholism, most people believe it can be managed, like other chronic diseases (Fisher & Roget, 2009). The purpose of this research will be to find the best way to help American Indians in treatment fight alcoholism through a transformative study or interviews.

## **Treatment**

Recent literature shows that discrimination-induced stress has effects on mental and physical health amid minorities. Evidence is accruing that discrimination acts in a way comparable to that of other psychological stressors and is a form of prime psychological stress among minorities (Whitbeck, Chen, Hoyt, & Adams, 2004). According to Whitbeck et al., Kessler and colleagues rank discrimination with major negative life events such as death of a loved one, divorce, and job loss. They suggest the conjunction of high prevalence and strong impact would mean that discrimination is among the most important of all stressful experiences that have been implicated as causes of mental health problems (Whitbeck et al., 2004).

Stress can be tied to social roles, geographic location, and socioeconomic status. Even though a lot of ethnic groups suffer economic disadvantages, specific minorities live in very different geographical locations (Whitbeck et al., 2004), such as Indian reservations and ghettos.

American Indians, who make up 1.5% of the dominant population, are among the least prevalent politically, live in some of the smallest communities, and are located in some of the most rural areas in the U.S. After an extensive history of indignities and racial prejudice, American Indians are the only major ethnic group that is still subject to stereotypical and derogatory language such as the word “squaw” which means a woman’s private sex parts. Undoubtedly, the differences in physical and psychological health between American Indians and European Americans are immense (Whitbeck et al., 2004).

## **Alcohol Problems Among American Indians**

### **Discrimination**

“Wooden Indians” still flourish. Team mascots like the buck toothed, big nosed Cleveland Indians and Washington Redskins are still present and their use defended when similar mascots would not be tolerated by other visible minorities. Disparaging place names and language against American Indians are still a part of everyday practice in America. In addition to open institutional racism that permeates American Indian life, processes of perceived discrimination show high levels of everyday racial discrimination manifested through humiliation, poor treatment, and insults to American Indians. Alleged discrimination is associated with drug and alcohol use, internalizing, and externalizing symptoms, and depressive symptoms among American Indian adults (Whitbeck et al., 2004).

### **Historical Loss**

The concepts of “intergenerational trauma” and “historical trauma” started in the 1960s and 1970s as expressions affecting the offspring of World War II holocaust survivors. There have been more than 400 published articles on intergenerational transmission of distress from holocaust survivors’ parents to their children. During the past 10 years, researchers have begun to apply the idea of intergenerational trauma to the “ethnic cleansing” experienced by American Indians. Current indicators of post traumatic stress disorder (PTSD), grief, and depression have been credited to American Indian genocide. The North American Indian population was reduced from as many as five to seven million people estimated to exist when first European contact occurred in 1492, to



about 250,000 in 1890. Two hundred (200) years of U.S. federal policies were also meant to force acculturation of those who survived. This has resulted in historical catastrophes for American Indians that range from PTSD in the form of “historical trauma” to those unresolved depressions and traumas in the case of “historical grief” (Whitbeck et al., 2004).

Current research suggests that perceived historical losses on the minds of the current generation can lead to specific emotional responses, but there have been no studies to date that connect the perception of historical loss to drug and alcohol abuse or a specific psychopathy (Whitbeck et al., 2004).

### **Enculturation**

Most of the research on the effects of cultural identity on alcoholism has focused on “acculturation” or the extent to which people are influenced by or adopt cultures other than their own. Some researchers believe “enculturation” is a resiliency factor that may serve as an important curative factor in drug and alcohol treatment programs.

“Enculturation” is the degree to which people are entrenched in their own cultures as demonstrated by practicing their cultural identity and traditions. For a while now, there has been a movement to use traditional cultural knowledge in various treatment settings. Studies using several indicators such as traditional activities such as sweat lodges and vision quests, traditional spirituality, and cultural identity have revealed promising results (Whitbeck et al., 2004).

## **Other Treatment Programs**

There is research that links healing from drugs and alcohol to repairing the body's ecology to relieve cravings and lessen emotional problems that are worsened by a depleted body. For example, Health Recovery Associates in Minneapolis takes a more physical approach by using "physical healing for a physical disease" (Kasl, 1992, p. 12).

### **"Smart Recovery" Program**

"SMART Recovery® stands for "Self-Management and Recovery Training" (Solomon, 2005, p. 26). It offers a set of tools to use to help individuals, and there are free meetings face to face and online. SMART emphasizes four points (Solomon, 2005):

1. Motivation to Abstain – Enhancing and maintaining motivation to abstain from addictive behavior. (Solomon, 2005, p. 26)
2. Coping with Urges – Learning how to cope with urges and cravings (Solomon, 2005, p. 26);
3. Problem Solving – Using rational ways to manage thoughts, feelings and behaviours and (Solomon, 2005, p. 26)
4. Lifestyle Balance – Balancing short-term and long-term pleasures and satisfactions in life. (Solomon, 2005, p. 26)

SMART is based on Rational Emotive Behavior Therapy (REBT) which was developed by Dr. Albert Ellis in the 1950s. Ellis identified three characteristics of human performance: feelings, behavior, and thoughts. His proposition was that thinking creates feelings and actions. His belief was that people or events don't make us feel good or bad; it is our insight that results in our feeling good or bad, and this insight influences our behavior (Solomon, 2005).

SMART sees addiction as a bad habit, not a disease, and so has no descriptions of "addicts" or "alcoholics." SMART is supported by research on behavioral change,

relapse prevention, and motivational enhancement. It stresses self-motivation, self-discipline, and self-responsibility. Treatments center on causes of self-destructive behavior and present day actions. There are no “sponsors” and anyone who wants to deal with a compulsive behavior can attend the meetings (Solomon, 2005).

One of the principal tools of SMART is called the “ABC process” which is a method to pinpoint and dispute irrational feelings, thoughts, and beliefs and replace them with new thoughts, feelings, and beliefs. SMART also uses a cost-benefit analysis as another tool that helps build motivation to abstain from using alcohol and/or drugs by pointing out warning signs of a potential relapse, developing coping skills, and creating goals (Solomon, 2005).

### **LifeRing Secular Recovery**

LifeRing believes that there are different ways to get clean and sober and that there is no magic formula for everyone at all times. LifeRing believes all the different “programs” contain useful philosophies and LifeRing emphasizes learning through experimentation. Their philosophy is you can try different ideas and behaviors and see if they help keep you sober and individuals are encouraged to change what does not work. If you fail, LifeRing will not shame you or make you feel like you were not following “the program” because there is no program. LifeRing believes relapse may be a key part of your learning experience (Solomon, 2005).

LifeRing’s philosophy is that:

- Sobriety is defined as abstinence from drugs and alcohol and working honestly with others on your addiction and with your doctor.

- Self-help means that each person develops their own personal recovery program other than “Don’t drink or Use.” LifeRing does not believe in a prescribed set of steps to follow or that you need a sponsor to guide you.
- Secularity says that your religion, if you have one, is your business. Meetings do not use prayer or discuss theology. What is considered important is taking responsibility for your recovery and supporting others (Solomon, 2005).

### **Saving Our Selves (SOS)**

SOS was the first major and significant alternative to AA and was founded by James Christopher in 1985 who was an alcoholic himself. He decided he had quit drinking in 1978 and determined that AA was not for him. SOS respects recovery in any form, irrespective of the path of how it is attained. SOS is not opposed to or in competition with any other recovery program. It supports and encourages the use of the scientific method and healthy scepticism to understand alcoholism. It does not limit itself to one theory of addiction or look to one area of knowledge. Each member is responsible for attaining and keeping his or her sobriety, without reliance on any “Higher Power.” Members are also free to learn about the cycle of addiction and replace it with the cycle of sobriety. SOS worked for them and created choices for people like themselves who did not like 12-step groups (Solomon, 2005).

### **Passages Malibu**

Passages Malibu constitutes an anti 12-step program and works from these premises. A treatment book and program promoting a “cure” for addiction by Passages

Malibu has been advertised through the media and has some researchers annoyed, but researchers are prone to “let it go.” Passages Malibu, an expensive treatment program in Malibu, California (not to be confused with Promises Malibu), and *The Alcoholism and Addiction Cure*, a book, have two debatable perceptions: that there is a cure for addiction, and addiction is not a disease. Passages Malibu does not use the 12 steps or the “cure.” Alexandre B. Laudet, Ph. D., director of the Recovery Center at the Institute for Research, Education, and Training said, “It’s okay to advertise, but to say they have a cure – that is extremely offensive to people in the field, and probably also to family members” (“Treatment Program and Book,” 2010, p. 1).

Passages Malibu gives the impression it is “targeting people who are well off and puzzled, embarrassed, and at their wits’ end” (“Treatment Program and Book,” 2010, pp. 1-2), and Laudet added, “They probably think that if they pay enough money and go to this exclusive thing—limited admission, the gourmet cook, the massage—it will be easy” (“Treatment Program and Book,” 2010, pp. 1-2). The price is \$ 68,000 for one month. Laudet is mainly exasperated because she thinks the marketing is intended to prey on people’s most distressed feelings and has likened it to “snake oil” cures for cancer. Similarly, she is concerned about the person who would like to get a cure but doesn’t have the money, or the person who goes for a cure and relapses. How are they going to feel (“Treatment Program and Book,” 2010)?

#### **CSAT comments.**

According to H. Wesley Clark, M.D., J.D., director of the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration,

who is on the Passages Malibu website, alcoholism is a disease that the program is treating. Asked about the marketing of a “cure,” Clark said, “We don’t talk in terms of a cure.” CSAT’s position is that addiction is a “disease that can have chronically relapsing conditions.” He added, “Some people don’t like the word disease . . . But when you’re marketing your objective is to bring people in” (“Treatment Program and Book,” 2010, p. 2).

### **Licensing.**

H. Wesley Clark said, “Licenses are state-based.” There is no federal authority over treatment program licensing and Passages Malibu is currently licensed and in compliance. Daniel Steinhart, who is deputy director of California’s Department of Alcohol and Drug Programs said, “Our role as the state agency is not to pass judgment on modalities of treatment or philosophy of the provider, but to ensure that the facility is in compliance as required by its license.” The website for Passages Malibu does have a disclaimer that the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) disagrees with their philosophy. “CAADAC does not endorse the facility or treatment provider’s views or statements that we have a cure for addiction or that addiction is not a disease,” the disclaimer states. The claim that Passages Malibu has found a cure is offensive. According to Alexandre B. Laudet, director of the Recovery Research Center at the Institute for Research, Education, and Training in Addictions (IRETA), “Whenever one disseminates information that can be harmful and misleading, that’s bad” (as cited in “Treatment Program and Book,” 2010, p. 3).

## **The Four Worlds Project**

The Four Worlds Project targeted alcoholism on Indian Reserves in British Columbia, Canada, and its premise was to eliminate alcoholism on BC reserves by the year 2000. The Four Worlds International Institute for Human and Community Development was an intuitive that came from passionate discussions and prayers of native elders and community leaders on the Blood Indian Reserve in Alberta, Canada, in 1982 in search of a solution to social devastation that came from a growing sense of powerlessness, poverty, and alcoholism that was far-reaching across tribal populations. In the book by Beatrice Medicine, feelings of powerlessness cannot be denied in view of social conditions on and off reservations (Medicine, 2007).

The foundation principles were and still are:

1. **Development Comes From Within** – others may help and assist, but the driving force for change, healing, learning, growth and progress must come from within the communities themselves.
2. **No Vision, No Development** – The people need to be able to visualize health and well being for themselves in order to be able to create it in their world.
3. **Individual and Community Transformations Must Go Hand In Hand** – The healing, learning and growth of individuals, and the transformations of community relationships and conditions are mutually interdependent.
4. **Wholistic Learning is the Key to Deep and Lasting Change** – People need to learn how to live themselves in ways that lead to life rather than to death. Learning is at the very heart of sustainable human change processes and human beings are multi-dimensional learning beings, physically, emotionally, intellectually, spiritually and volitionally. (Four Worlds International Institute, n.d.a, paras. 3-6)

An executive summary found on the Four Worlds International Institute web site is very interesting and includes the following historical account taken from the web site.

These strategic principles articulated by the Elders became the primary guiding source of action for The Four Worlds International Institute for Human and Community Development. Four Worlds was created as an instrument to implement the vision of the Elders for restoring health, first to tribal communities, and then to the whole world.

It is vital to add that what these indigenous Elders saw as a strategy for action was based on an incredibly powerful and unlimited spiritual and cultural knowledge system. That world-view believes without a doubt that:

- (1.) the spiritual and material aspects of life are inseparable and interdependent;
- (2.) that indeed everything is related to everything in this universe;
- (3.) that healing ourselves, our communities, our nations and mother earth depends, utterly on our capacity to understand our own selves - who we are as human beings and how we grow and develop as individuals and communities;
- (4.) and that human beings have within them as a gift of the Creator, the power to transform and heal the world.

(Four Worlds International Institute, n.d.a, paras. 7-12)

The history of the Four Worlds International Institute concludes with the following three paragraphs.

Based on these principles and strategies, Four Worlds has initiated a wide variety of projects, programs and prototype models, first in support of tribal community healing and development, and later in other communities and nations around the world.

Some of these initiatives have included youth development, women's development, school curriculum design and development, community governance training, community healing, community development training, and an Elderhealth program.

Over the eighteen years of Four World's existence, the program has generated some five million dollars of funding from various agencies



of government, private foundations and through the sales of Four Worlds curriculum materials. (Four Worlds International Institute, n.d.a, paras. 13-15)

One of the Four Worlds Institute's main projects has been development of a college that focuses on human and community development. One of the college's main programs is called the Development Leadership Program. This program took four years to develop, and with the generous support of the W. K. Kellogg Foundation, the program was launched in 1998. Major features of the program include:

1. **Community Based** – the primary classroom is the community. It is a field-based (rather than campus based) program.
2. **Practical Orientation** – students are front-line workers, community leaders and volunteers. The on-the-ground community healing and development processes are the primary focus of the curriculum.
3. **Accredited** – Indigenous (and other developing) communities have been workshopped and round tabled to death. People want formal accreditation for their learning and a level of discipline and rigor that will enable them to actually meet the challenges they face. The Four Worlds program will be fully accredited at the certificate, bachelor, masters and Ph.D. levels.
4. **Inter-Disciplinary** – All the human sciences and applied disciplines (such as anthropology, sociology, economics, health promotion, education, etc.) converge in the actual work of promoting human and community development. The leadership program takes an integrative, ecological approach, making use of research, models, theories and tools from many disciplines.
5. **Culturally Appropriate** – The Four Worlds College approaches teaching and learning from within the cultural framework, learning styles, and value orientations of the learners.
6. **Value Driven** – The Four Worlds College is founded on the belief that education is not neutral. We believe that learning for sustainable living into the twenty first century must be connected to processes of spiritual and moral renewal, oriented to developing healthy relationships between human beings and the natural world and must

be connected in a hands-on-way with real life human struggles for personal, organizational, community and global well being.

(Four Worlds International Institute, n.d.a, paras. 25-30)

The premises of the Four Worlds Project are that first, it is important to understand what has happened to Native communities across North America and how they continue to struggle even as a process of healing is beginning. The Four Worlds Institute describes two case studies of communities with some success in dealing with alcoholism. One such case study describes a community called Alkali Lake, a Shuswap Indian reserve of about four hundred people near Williams Lake, British Columbia, and how they made an intense change from the depths of stark alcoholism and social ruin to become “a role model, a helper and a teacher to hundreds of other communities” (Four Worlds International Institute, n.d.b, para. 1). The story of Alkali Lake was developed into a film titled *The Honour of All: The Story of Alkali Lake* and held out the hope that the possibility of healing could come to all communities suffering similar conditions. The film was an answer to the despair that was widespread among many American and Canadian peoples at that time (Four Worlds International Institute, n.d.b).

The story of Alkali Lake is a true story, not some fairy tale where everybody lives happily ever after. Even though people did cut down on their alcohol drinking, years later, the same people were still suffering with basic problems. Even after alcoholism was addressed, the next generation of Alkali Lake people were still dealing with similar issues; the healing process was not over, and as the Four Worlds International Institute (n.d.b) reminds us,

Alkali Lake did not happen in a vacuum. We now know that there were dozens of other tribal communities which were undergoing similar transformations at around the same time. Without in any way diminishing the achievement of Alkali Lake people, it is critical to understand the ecology of the Aboriginal healing movement that gave rise to Alkali Lake, as well as to many other dramatic personal and community transformations. (para. 6)

For Alkali Lake, leaders of the community knew that in order to strengthen the healing process, it would be important to relate healing to noticeable progress in the economic and social conditions of the people (Four Worlds International Institute, n.d.b). For example:

- A deliberate attempt to revive traditional Native forms of spirituality and healing was made. Traditional teachers were asked to help the people rediscover their indigenous identity and spirituality. The sweat lodge and the sacred pipe were used as powerful mechanisms to help the people find their way back to wellness and sobriety.
- Whenever anyone went into treatment, their children were taken care of and a job was waiting for them when they got out.
- A number of economic initiatives were provided for full employment that included; gardening businesses, a logging operation, a restaurant, mechanical repair shop, and a laundromat.
- Finally, at some point, there was a need to move beyond alcoholism in the Alkali Lake community. For further healing to occur learning opportunities had to be provided to the people that included issues related to community and personal healthiness.

Because alcoholism had been arrested, it did not mean the healing process was through; years of hurt and loss do not simply disappear. What was left was a life-long trip into a healthy lifestyle that would be very demanding because it required learning new values and beliefs, thinking, acting, feeling, and being in relationships with others.

### **Incorporating Spirituality Into Treatment Programs**

Spirituality and an individual's relationship to all things is an integral part of the value system many Native Americans (NA) respect, giving thanks (to the Creator), equality, and listening are the essentials of NA spirituality. The medicine wheel is the symbol for spirituality of almost all Native people in North and South America and expresses relationships in sets of four: the four directions, the four races, the four aspects of our soul/spirit, and the four elements (Bopp et al., 1988). "Ethnographic and autobiographical accounts of American Indian religion and spirituality suggest a complex mix of at least three sets of beliefs and practices: aboriginal traditions, Christian, and 'new' or syncretic faiths that fuse aboriginal and Christian elements" (Garrouette et al., 2009, p. 3). Spirituality is a critical component of getting sober. In the researcher's opinion, treatment programs that incorporate spirituality into their process are more likely to be successful than treatment programs that do not.

Because of cultural, religious, and individual differences, it follows that no one model or set of words will work for all people at all times. Some people will need to deflate their arrogance, others need to do some work on their ego, others want their own gender-specific group, or ethnic group, and some want a diverse mixture membership. There are always people with individual differences. While many women prefer women-

only groups, some spoke of the warmth and support they received from men in a mixed meeting. Some lesbians preferred groups mixed with heterosexual women and some with men as well. One Native American man said he really learned how a step meeting went in a mainly white group. One Native American drug and alcohol center in Montana uses Native American rituals and symbols, psychotherapy, advocacy, AA, and Catholicism, taking their wisdom in spirit without becoming lost in their rhetoric or dogma (Kasl, 1992).

Put in its simplest form, sobriety is sobriety, and a spiritual journey is a spiritual journey. Healing from addiction and codependency is a spiritual undertaking. The moment of truth hits when one realizes one is out of control and needs help, and this is a spiritual awakening because it is self-knowledge, and knowledge of God begins with knowledge of self. Self-knowledge is not necessarily linked to Buddhism, Paganism, Judaism, Christianity, or any other religion (Kasl, 1992). Finding our voices is like finding ourselves. It helps us restore us to ourselves and release our feelings to ourselves and can take time and patience to attain (Kasl, 1992).

It may seem risky to find our voices and speak our truths, but it helps us release our feelings and restores us to ourselves. Otherwise, our feelings might explode. We can be the target of hostility from people scared of change or people who uphold the status quo. Minorities, women, and children are attacked emotionally, physically, and economically all the time. A better question might be: What is the safest way to speak up? How can I do it collectively with others like me? How can I speak the truth? What do I have to gain? (Kasl, 1992).

When people are fearful or outraged by free inquiry, they reflect uncertainty about their own values. Conformity and deference are highly regarded values in patriarchy/hierarchy. Those who question authority or name oppressive practices frequently become targets of attack (Kasl, 1992).

Because words come from our inner voices, they can be changing, personal, and real (Kasl, 1992). To break through fear, we need to speak out or write, to find our voices about what we think or know is wrong with society; because when we do, we find each other and our collective power (Kasl, 1992).

It is important to remember that 12-step programs were created to help people become sober. The only thing that is sacred is healing and becoming whole (Kasl, 1992). Getting in touch with your own voice is a form of self-empowerment because it leads to the true, creative self (Kasl, 1992). It must be said no one intentionally chooses to become dependent on alcohol (Marshall et al., 2010).

We have to return toward a spirituality that is creative, open, and life-loving; one that can be described as creation-centered spirituality or feminine which is similar to the views held by Native Americans who believe all life is interconnected and sacred. We are not here to conquer the earth, but to merge with each other, our environment, live in harmony, and use our resources unselfishly and wisely (Kasl, 1992).

## **CHAPTER III**

### **METHODOLOGY**

#### **Purpose of Study Restated**

The purpose of this study was to determine the most effective way of helping the North American Indian community deal with their alcohol addiction problems. For example, the alcoholism rate in the United States for indigenous people is 740% higher than the national average (Grant & Brown, 2003).

#### **Theoretical Framework**

The content analysis used in this study was qualitative and was drawn predominantly from Indigenous Research.

#### **Indigenous Standpoint Theory**

Indigenous post graduate students can become discouraged by being forced to accept western, ethnographic research that is unacceptable and culturally different to the indigenous epistemology approach to knowledge. Indigenous Standpoint Theory is based on the philosophy of three indigenous scholars: the Japanangka Paradigm by Japanangka Errol West, Indigenist Research Perspective by Lester-Irabinna Rigney, and Native Hawaiian Epistemology by Dr. Manulani Meyer (Foley, 2003).

#### **The Japanangka paradigm.**

Professor Japanangka Errol West's work on aboriginal philosophy is based on an ontology that cherishes Mother Earth beyond human life itself. West's view supports a

world where the spiritual realm co-exists with a material world operating on physical platform (mother earth) and these two realms interact through sacred cyclic patterns of birth, life, and death. The eight subsets of the paradigm are the: personal, cultural, spiritual, secular, political, practical, public, and the intellectual that construct the metaphysical. Each of these dimensions is important in the comprehensive holistic philosophical discourse developed by West. The user searches for self-actualization in the procedure of applying the paradigm. West develops a process that is affective and effective for Indigenous research in a holistic way and offers a three-dimensional style to Indigenous research in its presentation and development (Foley, 2003).

### **Indigenist research.**

Irabinna Rigney justifies indigenous research whereas Japanangka describes an indigenous process. According to Foley (2003), Rigney's research process includes:

- Resistance as the emancipatory imperative in Indigenist research
- Political integrity in Indigenous research, and
- Privileging Indigenous voices in Indigenist research. (p. 47)

This approach throws out the dehumanizing portrayal of Indigenous peoples as oppressed peoples in need of charity. Another Indigenous perspective is a contemporary Native Hawaiian Epistemology (Foley, 2003).

### **Indigenous Hawaiian epistemology.**

Foley (2003) stated that Hawaiian epistemology is an ancient long-term idea that is central to Hawaiian culture, but marginalized. Because it is interwoven throughout Hawaiian culture, it cannot be easily distinguished from the fabric of society. Environmental imagery included in this epistemology includes water, forest, and stone.



They serve as an inspiration and metaphor for the theme they represent. Each appearance holds many truths and is filled with multiple meanings. The context of the traditional can be explained in a modern context, but a critic might argue that the Indigenous Hawaiian epistemology has been adopted to “fit” the Indigenous Standpoint Theory debate. Foley (2003) would argue the Indigenous Hawaiian epistemological position is accurate in its overlay of Hawaiian metaphors to a metaphorical conduit that is respectful in its explanation.

### **Indigenous Standpoint Theory explained.**

Bearing in mind the Japanangaka paradigm, Indigenist research, and the Indigenous Hawaiian epistemology, we can try to comprehend the complexities and possibly underlying positions of indigenous people relating to research (Foley, 2003). Indigenous people have their own research priorities and needs. Their questions are important for themselves, their communities, and their nations if they are to be comfortable in who they are and be able to accomplish work within their communities effectively. The emergence of an Indigenous Standpoint in contemporary Indigenous scholarship is building a new agenda needed to change the existing power of balance of existing literature theory, which supports the power of western rhetoric. An Indigenous Standpoint Theory must be easily managed and applicable for various Indigenous nations. It must be liberating and not unmitigated clones of existing discourse. According to Foley (2003), four criteria form the discussion basis for determining Indigenous Standpoint Theory and should include:

- The practitioner must be Indigenous . . . (Foley, 2003, p. 50)
- The practitioner must also be well versed in social theory, critical sociology, post-structuralism and post-modernism to name a few . . . to ensure that Indigenous research is not tormented or classified in the physical and metaphysical distortions of these western approaches. (Foley, 2003, p. 50)
- The Indigenous research must be for the benefit of the researchers' community or the wider Indigenous community and/or Indigenous research community. . . . (Foley, 2003, p. 50)
- Wherever possible the traditional language should be the first form of recording, English interpretation is the second. (Foley, 2003, p. 50)

These four criteria emerged from discussions with indigenous academics, indigenous peoples from many places of origin, “educated” indigenous, non-educated (but highly knowledgeable in indigenous tradition and culture), and “Elder” indigenous advisors. Comments were sought from many who lived in colonial subjugation and had a desire to teach their children (Foley, 2003).

Indigenous philosophy is based on oral tradition. The Indigenous scholar should know this is important. Oral tradition wherever and whenever should be maintained. The Indigenous Standpoint Theory can empower indigenous communities to retain and preserve indigenous knowledge (Foley, 2003).

### **Background – Indigenous Research**

To the Indigenous scholar Critical Theory, Standpoint Theory and Insider Outsider Theory are emancipatory and liberatory epistemologies in their deconstruction process. They are guided by a vision that there is more than just one worldview and interpretation [such as, the Native twelve steps to solve problems]. . . . They form the foundation of the reconstruction of Indigenous approaches to knowledge in a format and argument that the non-Indigenous scholar is familiar with. (Foley, 2003, p. 45)

### **Critical theory.**

A basic goal of critical theory is to “free individual groups and society from conditions of domination, powerlessness and oppression, which reduce the control over their own lives” (Foley, 2003, p. 45). When accepting critical theory and its commitment to human freedom and emancipation through its rectification of society, positivist scientific ways are disallowed. And, critical theory maintains a “racialized epistemological attitude,” with “overtly political intentions” (Foley, 2003, p. 45). These overtly political intentions suit the indigenous view. They empower indigenous researchers to tackle colonialism and its oppressive ways. The Feminist Standpoint Theory has also progressed with a liberatory agenda similar to indigenous progression and development (Foley, 2003).

### **Feminist standpoint.**

Feminist epistemology includes feminist postmodernism, feminist standpoint, and feminist empiricism. “Feminist standpoint is the evolutionary base of Indigenous standpoint, as it refers to a position in society that provides a way to make sense of what is affected by the dominant discourse and society in general” (Foley, 2003, p. 45). It can help shape work, wealth, and power when it becomes reality from the vantage point of women’s lives.

Foley (2003) discussed *Kaupapa Maori* research, a type of research similar to early developments in feminist research, a “collectivist (holistic) approach” to research that encourages a researcher to work with a community on an equal basis to reach a shared understanding. This researcher has done that by interviewing American Indian

counselors in their home setting on an Indian reservation. The researcher has negotiated at all levels of research with Native community participants in data collection, implementation, and analysis to obtain cultural and political research in research findings.

According to Foley (2003), when looking at feminist standpoint theory one must remember an indigenous women's position is different from that of a white feminist, as it is also based on racial oppression. From the feminist standpoint, if we view the indigenous women's standpoint, we realize the development of indigenous women strengthens the argument of indigenous epistemology.

### **Insider-outsider theory.**

The social base of insider doctrine is the elitist theory of white male "Anglo" Europeans. According to Foley (2003), it is "an approach used to justify many wrongs in social science research" (p. 46). Insider doctrine believes a group of people, a collective, has a monopoly on knowledge about itself, and individuals are the only ones with knowledge of themselves. An example would be a person who has a toothache. "They are the only ones who can fully experience the pain" (Merton as cited in Foley, 2003, p. 46). This is similar to the standpoint attitude that the purity of research is enhanced if the indigenous research is researched by an indigenous researcher such as was done in this paper.

Insider Theory may seem risky and if one believed in such a theory it would appear only black men should and can study black men and only white men can and should study white men. Further, only indigenous researchers can and should study indigenous people. After all, western discourse has been identified as Anglo-European

determined, ideologically controlled, and racially discriminatory. “Insider theory when combined with the logic of grounded theory allows the data to emerge without forcing it” (Foley, 2003, p. 46), and without inhibiting indigenous participants. In comparison, many minorities notice “how the white skin of dominant researchers adds to the authoritative posture of European-descent ethnographers” (Foley, 2003, p. 46). This has to affect the “validity and objectivity” of the data creating bias in research outcomes (Foley, 2003).

Insider doctrine operates on the assumption that “the Outsider has a structurally imposed incapacity to comprehend alien groups, status, cultures and societies . . . the outsider . . . cannot have the direct, intuitive sensibility that alone makes empathic understanding possible.” (Foley, 2003, p. 46).

### **Indigenous Research**

Indigenous research is a systematic inquiry that involves indigenous persons as investigators to extend knowledge that is important to indigenous people and communities. “Indigenous research is distinct from studies of Indigenous societies and issues that adopt a positivist position that behavior and meaning can be derived best from objective, value-neutral observation and data collection” (Castellano, 2008, p. 424). In this study, the principal investigator and research participants are American Indian.

Most indigenous peoples like American Indians have tried to hold on to their distinct characteristics and many are trying to resolve, maintain, and adapt their heritage and historical links to their territories and natural resources. Indigenous knowledge is rooted in history and specific to where an indigenous people or tribe may live. It is

holistic and encompasses feelings, spirit, body, and mind. It occurs over time with dialogue (Castellano, 2008).

Critical theory questions and looks at hegemony-traditional power assumptions held about groups, communities, and societies, in order to promote social change. Combined with action, critical theory research questions the assumed power that researchers usually hold over people they research. Critical action research is based on the supposition that society is basically discriminatory, but can become less so through focused human action. Critical action research assumes that the dominant forms of professional research are discriminatory and must be challenged (Davis, 2008).

“Critical action research takes the concept of knowledge-as-power and equalizes the generation of, access to, and use of that knowledge” (Davis, 2008, p. 140). Davis explained that critical action research is a moral choice that shares power and gives voice to muted and previously marginalized people. Elements of critical action research are incorporated into this study by the researcher seeking the voice or perspective of marginalized people. Results of the study will be distributed to non-Indian society as well as American Indians in an effort to equalize knowledge and power among the different factions attempting to help American Indians deal with their addiction to alcohol.

Any attempt to help female American Indians deal with their addictions must address reasons for the oppression of Indian women. Some of that oppression may arise from issues addressed (or not addressed) in the feminist movement.

Feminist theory arose out of the fact that feminism as a social and historical movement was actually meant to challenge women’s oppression. There has been a

common assumption that people have been socialized into a sexist ideology that usually gives males more access to economic, social, and institutional power. Feminism assumes that the problem is sexist in nature and results from the forces of patriarchy, not from gender relations between women and men. Feminism wants to test sexist ways of thinking that limit men and women (Tisdell, 2008). As cited in Tisdell, Bell Hooks believes feminism's purpose is to create equitable relations for men and women. This is why feminist theory needs to be taken into account when dealing with oppression and American Indian women.

The purpose of interviewing Native drug and alcohol counselors was for the researcher to listen and gather information. Native people were picked as participants because they have certain characteristics in common that relate to the topic, namely alcoholism among American Indians. The researcher attempted to create a positive environment that encouraged participants to share their perspective without pressuring them and interviews were held in a non-threatening place where the participants felt safe (Krueger & Casey, 2000).

### **Content Analysis**

Content analysis incorporates data collection and analytical techniques into a research design to measure the amount of occurrence of some identifiable component in a complete text or set of messages. Neuendorf (2002) described content analysis as the “summarizing, quantitative analysis of messages that relies on the scientific method . . . and is not limited as to the types of variables that may be measured or the context in

which the messages are created or presented” (p. 10). Content analysis is an indirect way to make inferences about people (Keyton, 2006).

Communications research can be defined in general terms as social-scientific inquiry into the transmission of messages, reception of messages, and creation. The study of mass communications deals with messages communicated to mass or specialized audiences. Content analysis is a social science research method for investigating content characteristics mostly in relation to persuasion, opinion formation, attention, and change. The purpose of this dissertation is to study, analyze, identify, and evaluate the content of what is said in the interview. Prosocial content is viewed here as content that achieves a general socialization function and promotes socially desirable behavior, cognitive and affective attitudes, and positive stances. Prosocial content variables involve messages, lessons, and prosocial themes. The nature of data to be analyzed is not only apparent, obvious, evident, or visible, but also that which is not apparent, physically present, or obvious. Several of the research questions are qualitative in nature, e.g., those dealing with the selected content characteristics and those dealing with prosocial message presentation strategies (Keyton, 2006).

Choosing an applicable and fitting methodology for assembling and evaluating data that would offer answers to posited research questions is important in scientific research. There is more than one reason for giving partiality to content analysis methodology in this research.

First, mass communication is the traditional domain of content analysis and has been extensively used as a basis for media-effects research. It has been successfully used



in studies of television content within a social cognitive theoretical framework, which serves as the basis for the present research (Keyton, 2006).

Second, content analysis has developed as an intricate scientific method for analyzing media messages and has evolved from studying radio, film, and print media texts. Schramm (1997) called content analysis “the only research method that can be said to have originated in communications research” (p. 33). Neuendorf (2002) took a broad view of text as any type of message considered in its entirety; for example, narration, dialogue, and visual elements taken together in film. Content analysis, consequently, can be realistically applied to a variety of message types.

Notwithstanding the long-established scholarly discussion of whether or not content analysis should incorporate latent meaning of communication messages or possibly outcomes of controversy into analyses, communications researchers have used various methods for analyzing media messages. Krippendorff (1980) defined content analysis as “a method of inquiry into *symbolic meaning* [sic] of messages” (p. 22); at the same time, as noted by Riffe, Lacy, and Fico (1998), his effort in this area has stayed within the dimensions of quantitative theory. Weaver (1993) noticed that with the rise of new communications channels and changing media background, traditional quantitative content-analytic studies tend to give way to more “impressionistic” methods that came from feminist studies, semiotics, literary criticism, and anthropology.

In the review of new and developing research methodologies, Neuendorf (2002) recognized several types of qualitative content analysis that included: interpretive, semiotic, narrative, and rhetorical. Dissimilar classical content analysis which stems from

the empirical tradition of scientific observation and quantitative measurement of observable sensations, these methodologies are based on the assumption that media messages carry conceivable, unobservable or various meanings, and that not all meanings can be mathematically measured (Neuendorf, 2002).

Communication scholars have continually indicated the need for integrating the methods developed by qualitative and quantitative research customs as a direction for further progression of the field as a way of overcoming the limits of existing academic knowledge. As early as 1952, Berelson called for “adding the qualitative dimension to a quantitative analysis” (p. 115); Holsti (1969) suggested that “the content analyst should use qualitative and quantitative methods to supplement each other” (p. 11). Non-statistical analytical procedures and statistical analytical procedures can supplement one another.

In 1993, Weaver warned against the possibility of “throwing the baby out with the bath water” and advocated scientists preserve the importance of the current quantitative way of inquiry. Because of disagreements between the two modes of inquiry some analysts suggested using both quantitative and qualitative analyses.

Substantiated in objective-empiricist theoretical belief, content analysis adopts the notion that content of communication is an objective reality which is autonomous from the observer but can be measured by the scientific method. Berelson (1952) emphasized that human communication is so rich that no specific scientific method can define its content with absolute truth and exactness. He suggested to use the term “content analysis” to refer to any form of quantitative analysis of communication content—by

which he meant a group of meanings communicated through symbols—“regardless of the . . . precision of measurements” (p. 128). Berelson’s methodology was not limited to manifest content, but as he put it, on “the road toward constructive integration of the ‘quantitative and qualitative’ schools” (p. 134).

In theorizing the methodology of content analysis, Berelson went outside the limits of manifest content by contending there is no firm contradiction between quantitative and qualitative approaches to analyzing communications content. He implied that evaluation of qualitative features of content is usually non-quantitative in kind or “quasi-quantitative” (p. 116). According to Berelson, “qualitative” (p. 111) content analysis is grounded on presence or absence of particular content attributes to a certain extent than on the relative frequencies.

### **Data Collection**

Drug and alcohol counselors were recruited from Indian Reservations. The principal investigator contacted potential participants by phone and email in order to recruit them for this study. It was explained to counselors that they would meet individually with the researcher to compare the 12 steps of Alcoholics Anonymous to Eshkibok’s Native 12 steps and other alternatives to alcohol treatment. This interview lasted approximately one to two hours. The researcher recorded meetings on tape. Meetings were held in a meeting room at alcohol and drug treatment facilities on each reservation involved in the study. This gave the researcher sufficient time to get everyone’s point of view without participants feeling uncomfortable or stressed for time.

The Institutional Review Board (IRB) at the University of North Dakota was kept informed of all interviewing activities during this research.

### **Data Analysis**

Qualitative data have been described as an “attractive nuisance” (Miles, 1979). Words are by far the most collected type of qualitative data in the area of humans and their societies. Words and narratives are attractive because they are: “rich, full, earthy, holistic, ‘real’” (Miles, 1979, p. 590) compared to the thin abstraction of numbers. Qualitative data has a quality of “undeniability” which lends a feeling of power to research reports (Miles, 1979).

“Attractive nuisance” refers to a legal doctrine that if you leave an attractive article, such as an unlocked car, where children can play with it, you may be liable for any injuries they bear. Likewise, naïve researchers may run into trouble by unexpected problems with their qualitative data. The main problem is in a researcher’s method of examination (Miles, 1979).

There is no clear and accepted single set of conventions for qualitative data analysis corresponding to those observed with quantitative data. Indeed, many “qualitative” workers would resist their development, viewing this enterprise as more of an art than a science. (Tarr, 2004, p. 456)

According to Robson (2011), there are two assumptions researchers make about qualitative data:

1. *“If you have a substantial amount of qualitative data you will use some kind of software package to deal with it”* (Robson, 2011, p. 466). A word processing package can do much to reduce the sheer number of pieces of

data in a qualitative analysis. For everything other than a small amount of data, the simplicity with which you can relate to the data, the work you can avoid, makes the use of a computer vital.

2. *“Unless you already have experience yourself, you will be helped or advised by someone who does have experience in this type of analysis”* (Robson, 2011, p. 466). The prevailing model for carrying out qualitative analysis in the past has been of traineeship. Without accepting all the applications of such a model, there is undoubted value in expert guidance. The help provided by this software is different from that of quantitative analysis. The expert’s part is mainly to point you towards an appropriate test and to ensure you understand the result. In qualitative data analysis, computer software and experience help the researcher through a not very specified method.

### **The Importance of the Quality of the Analyst**

“The central requirement in qualitative analysis is clear thinking on the part of the analyst” (Robson, 2011, p. 468). The analysis can test the researcher as much as it tests the data. Initially, analysis tests a person’s ability to think. Qualitative analysis continues to be “closer to codified common sense than the complexities of statistical analysis of quantitative data” (Robson, 2011, p. 468). Robson also suggested humans as “natural analysts” have prejudices and imperfections consistent with the problems they have as researchers.

The researcher chose a software program, *HyperRESEARCH<sup>TM</sup> Software for Qualitative Analysis*, by ResearchWare, Inc. (1988-2012) to help him conduct a systemic

analysis of the qualitative data he acquired through interviews of 13 Native drug and alcohol counselors at their place of employment. The researcher used this computer software tool to condense the bulk of qualitative data to manageable amounts and to help present results of the data and draw conclusions. The researcher is also concerned about deficiencies of the human as analyst. HyperRESEARCH is Researchware's software for qualitative analysis. With this software a researcher can build theories, code data, retrieve data, and conduct analyses on data. It can work with pictures, audio, video, and text files (ResearchWare, 1988-2012).

Qualitative analysis was initially completed by hand, was labor intensive, but has been made much easier and more powerful using computer support. After collecting data, a researcher must transcribe the data, code the data, then manually sort the coded text in order to analyze the patterns in the codes. Computer software can make these steps much easier because a computer is capable of automated storing, data storage, and display (ResearchWare, 1988-2012).

### **Qualifications of Researcher**

The researcher is a doctoral student at the University of North Dakota with a bachelor's degree in social work, and a master's degree in communication/journalism. The researcher has been a sober member of Alcoholics Anonymous (AA) since December 2, 1981. The researcher has been a drug and alcohol counselor, and so he has experience working with people like the participants in the transformative study to be surveyed in this study.

### **Selection of Participants**

American Indian drug and alcohol counselors in various alcohol treatment program locations were selected to take part in this transformative study. All participants were American Indian since this research was designed to help the American Indian community. To minimize potential risks to subjects, one criterion for selection was that in order to participate, subjects had to be in reasonably good health and have no immediate health issues before starting the interview. Fourteen people were interviewed. It made no difference if interviewees had been utilizing a Native curriculum as opposed to a generic treatment approach.

### **Description of Methodology**

The following descriptive account entails what constituted the methodology:

1. The principal investigator carried out research procedures.
2. Literature research was conducted at the home of the principal investigator.  
The principal investigator also used the Chester Fritz library at the University of North Dakota to research articles on alcoholism.
3. Subjects were informed verbally that they were being asked to participate in a research project, the purpose being to find the best way to help American Indians find solutions to problems with alcohol addiction using input from participants in this study. Subjects were informed the interview should take approximately one to two hours of their time.
4. Participants were given questions in advance of the meeting.

5. During the study, a tape recorder was placed in the middle of the room and the interview recorded (Tapes will be kept in a locked container at the principal investigator's residence for three years after this research project is completed and then destroyed).
6. At the beginning of each meeting, consent forms (Appendix A) were given to each participant, and there was a minimal waiting period while each interviewee read his or her consent form. Interviewees were asked to sign and hand in their forms before the actual discussion began. Each participant was given a second copy of the consent form to keep for him- or herself.
7. The study was structured around a questionnaire (Appendix B) to keep discussion on topic, and each individual was given a copy of the questionnaire to keep. It was mentioned that participants were free to skip questions for personal reasons if they did not wish to answer.
8. Compensation was free juice and bottled water for subjects.

### **Risk Identification**

One possible risk from this study was that the sensitive nature of the questions may have caused negative emotions to arise among participants. There was some risk from being in this study, but there were "*no foreseeable risks*" to participating. Counselors were aware of risks involved in discussing drug and alcohol issues. If a counselor experienced strong emotions during the study, he or she was able to leave or be excused without question, and they were not reprimanded. However, there were no apparent issues with strong emotions during interviews. The researcher explained to



participants that their answers were appreciated and voluntary. The participant consent form made it clear there was to be no information asked other than what was described on the consent form. There was no ulterior motive to holding the transformative study other than the opinion of participants was wanted. A questionnaire was handed out to subjects before each meeting began, so subjects had an idea of what would be asked of them. Subjects were advised they could leave the interview at any time without permission and with no penalty to them. Their non-participation or non-cooperation would not be recorded.

### **Subject Protection**

Subjects have to be protected. To protect confidentiality and privacy of participants, each person was addressed using a pseudonym; for example, as Person A, Person B, Person C, etc. Participants were informed that individual identifying information would not be shared outside of the meeting for anyone else's use in any way. At no time was anybody asked his or her last name or what community he or she came from.

Participants were given a copy of the consent form to sign and given a second copy to keep for themselves to remind them of what they signed. Research data from this study and the consent forms were to be kept in a separate, locked place for a minimum of three years after the completion of the study.

1. Data gathered was stored at the principal investigator's residence in a locked cabinet separate from personal data.
2. No one was to have access to the data except the principal investigator.

3. After three years, the data was to be destroyed at the principal investigator's residence.
4. Consent forms and any other personal data on participants was to be located in a separate file folder marked "Consent Forms and Separate Data" and was to be stored in a separate file cabinet from research data.
5. Three years after this study was completed, consent forms and other personal data on participants that the principal investigator had in his residence was to be destroyed.

### **Informed Consent**

To conduct the research ethically, informed consent had to be insured. The following was done to secure informed consent:

1. The person who conducted the study interviews was the Project Director, Michael Eshkibok.
2. The persons who provided consent or permission to be interviewed were the interviewees, also called participants.
3. Steps taken to minimize possibility of coercion or undue influence were to inform interviewees that this was a research project, and they were under no obligation to respond to anything said or written during the taping, and what they said was completely voluntary and appreciated, and their input was designed to help their own communities.
4. The language used by those participating was English.

5. The language understood by participants and the legally authorized research representative was English.
6. Consent forms outlining the purpose of the study were signed by participants before they were allowed to be interviewed.
7. Participants were to be informed of any significant findings that developed during the study which may influence their willingness to participate in future studies.

## CHAPTER IV

### RESULTS

*“One cannot step in the same river twice.” – Heraclitus, the Greek  
(as cited in Johnson, 1946, p. 23)*

This study was a comparative content analysis of alcoholism treatment programs with a focus on a Native treatment alternative. Although research has been done on alcoholism and 12-step programs, no known research has been done on a Native 12-step program for American Indians in treatment. As already mentioned, the alcoholism rate for American Indians is seven times higher than the United States general population (Grant & Brown, 2003). Although there are many different ways to gain sobriety, the researcher looked at results based on data collected from participants (Appendix C) and searched for themes, codes, and assertions in the raw data.

The purpose of this research was to study major reasons American Indians have difficulty in fighting alcoholism. The researcher’s recommendations will come at the end of this dissertation. The researcher wanted to share what he found out in his research.

This study involved interviewing Native American drug and alcohol counselors at two Native drug and alcohol facilities. No Native drug and alcohol counselor admitted any known bias that the researcher was aware of. Everyone who took part in the questioning knew what was involved. All were asked the same questions in an atmosphere that promoted “telling the truth” as they knew it. All participants were asked

the same questions in a similar setting and atmosphere. Only Native drug and alcohol counselors were interviewed. Non-Native drug and alcohol counselors were not asked to participate in order to get a unique perspective on the Native view of being addicted and the problems they have. A comparison of Native versus non-Native views on alcoholism was not the purpose of this dissertation.

### **Frequency Report**

Participants were asked seven questions and their answers transcribed. Transcripts were coded and the codes analyzed using HyperRESEARCH<sup>TM</sup> software for qualitative data analysis by ResearchWare, Inc. (see Table 1). Codes that emerged from the data are shown in the first column. Thirteen participants were interviewed, so 13 “cases” were typed into the analytical software. In Table 1, column headings are defined as follows:

**Code** – a label assigned to a piece of information in a transcript.

**Total** – total number of times a particular code was identified in the data.

**Minimum** – The least number of times a code is used by any one participant. If there were any cases (participants) whose data was not labeled with a particular code, a zero appears in this column (ResearchWare, 1988-2012).

**Maximum** – The greatest number of times a code has been identified within data from one participant (ResearchWare, 1988-2012).

**Mean** – An average of the number of times a particular code has been assigned to data across all cases, where each participant’s transcript equals one case (ResearchWare, 1988-2012).

**Standard Deviation** – The standard deviation is a distribution of a particular code across all cases in a study. The larger the standard deviation, the more variation there is in use of the code. For example, if a code is used the same number of times in each case, the standard deviation of its frequency is zero (ResearchWare, 1988-2012).

**Code frequency bar graph** – If you check the bar graph box in the Frequency Report window, a graphical representation of the “Total” column is included in the frequency report. Every row includes a horizontal bar whose length is proportional to the total number of times the code has been used in the study: the longer the bar the more frequently the code is used (ResearchWare, 1988-2012).

Table 1. Analysis of Data.

Code	Total	Min	Max	Mean	Std Dev	Bar Graph
Likes NAA	37	0	37	18.5	26.163	
Likes AA	24	0	24	12	16.971	
Likes AA or NAA	20	0	20	10	14.142	
spirituality	14	0	14	7	9.899	
Neither AA or NAA	8	0	8	4	5.657	
Colonization	5	0	5	2.5	3.536	
Does not like AA	3	0	3	1.5	2.121	
Similar programs	2	0	2	1	1.414	
Does not like NAA	1	0	1	0.5	0.707	

In Table 1, codes are defined as follows:

**Likes NAA** means the person interviewed likes everything about NAA (Native American 12 Steps)

**Likes AA** means the person interviewed likes everything Alcoholics Anonymous (AA) has to offer and how it is written and laid out.

**Likes AA or NAA** means the person interviewed likes everything about AA or NAA.

**Spirituality** means the person interviewed likes the spirituality aspect of AA or NAA.

**Neither AA or NAA** means the person interviewed does not like something about AA or NAA.

**Colonization** means the person interviewed tends to believe colonization of America played a part in alcoholism.

**Does not like AA** means the person interviewed does not like AA because it gives him/her negative feelings or he/she is not comfortable with it.

**Similar programs** means the person interviewed believes there is no difference between both 12 step programs.

**Does not like NAA** means the person interviewed does not like NAA because it is Native specific.

The researcher used HyperRESEARCH<sup>TM</sup> software to do statistical analysis of the data and determine frequencies with which data are used in this study and to allow a reader to see which codes are broadly used and which are focused in certain areas. The researcher chose a bar graph to demonstrate graphically how often each code has been used because sometimes pictures are more easily interpreted than numbers. The frequency report displays all the codes identified from transcripts and the number of times each code has been used in the study.

As shown in Table 1, respondents appeared to like the Native 12 step program more than Alcoholics Anonymous, even though AA had a strong following. Very few participants indicated disliking either 12-step program. Many participants liked both 12-step programs. There appeared to be a lot of variation in answers because standard deviation was relatively high. This may indicate answers are as varied and individual as the people being interviewed.

In the next section, research questions are addressed in detail based on information in transcripts. After research questions are addressed, the next section will address codes, categories, themes, and assertions that emerged from transcripts after data analysis.

### **Primary Research Questions**

#### **Primary Research Question #1**

*What do Native drug and alcohol counselors see as the most effective alcohol program for Native people?*

Most participants found the Native 12-Step Program more effective and relevant for Native people in recovery than AA. One participant explained this:

I think it is a little better than the other AA. It just touches more with our traditions and stuff, I think. Just the way it is wrote down, it works better. Our clients are all Native, and it just seems they would understand it better. They would be more in touch with this one.

Another participant stated, “They are going to look at the Great Spirit as that Higher Power as a lot easier than they would than maybe in the Catholic sense.”



## **Primary Research Question #2**

*Do Native drug and alcohol counselors think spirituality plays a role in alcohol treatment programs for Native people?*

Many participants felt spirituality was an important aspect of recovery for Native people. One participant stated, “Finding their spirituality. A lot of people when they are using, they get lost into their alcohol and drugs. When they decide to get sober, the spirituality just keeps them going forward in their sobriety.” Another person stated,

Using for so long, we can’t turn to a higher power because we have done all these things. Step 2 tells us you can still go to your Higher Power despite what you have done. You can receive mercy. You can receive grace, that you can receive understanding. You can receive forgiveness. I really like that aspect.

## **Primary Research Question #3**

*If spirituality plays a role in alcohol treatment programs for Native people, do Native drug and alcohol counselors believe that spirituality plays a major role?*

Many participants felt spirituality played a major role in their recovery. For example, when asked to identify the best way for Native people to get clean and sober, one person answered, “Finding their spirituality. A lot of people, when they are using, they get lost into their alcohol and drugs. When they decide to get sober, the spirituality just keeps them going forward in their sobriety.” Another participant agreed. “I would say, spirituality, the foundation. Promoting spirituality for everything I think, acknowledging that there is a Higher Power out there, that there is a Great Spirit out there.” A third person added,

Make a spiritual connection with the Great Spirit, with your Higher Power, with God. You know you don’t have to fear and think that you’re not good enough, go and say, “This is where I am humbling myself, this is who I

am. This is where I brought my life. I need your help out of here.” You’ll be amazed at the things that will happen once you do that.

#### **Primary Research Question #4**

*How will Native drug and alcohol counselors justify why they do or do not believe spirituality plays a major role?*

Many of the participants felt spirituality played a major role in alcohol recovery and in staying sober. One participant stated, “A lot of people when they are using, they get lost into their alcohol and drugs. When they decide to get sober, the spirituality just keeps them going forward in their sobriety.” Another said, “It’s how I keep myself sober is through spirituality, Native spirituality. When I first quit drinking I never knew what a sweat lodge was, I didn’t know what “being Indian” meant. All I knew was I kept seeing these guys going into this little hut wondering what they were doing.”

#### **Secondary Research Questions**

##### **Secondary Research Question #1**

*Because of the diversity among American Indian tribes, how might Native participants react to a specialized treatment approach that adapts the treatment program to the worldview and values of Native people?*

One participant addressed this best:

In all fairness the Native 12 steps . . . because that’s who we are. . . . We are Native people, we had our own beliefs; they are lost somewhere, [but] they can still be applied today. I’ve heard this before, but I was thinking about it. We are forced to live in two worlds. We have the nonwhite society that dictates plus we have our own culture that dictates another way, we’re bouncing back and forth and we need to fit who we are as Native people. I remember growing up and remembering [a] lot of people didn’t want to be Native because of the way they were treated, or how their parents and grandparents, and punished for our language. It was the fear of how they would be treated or looked at, or disregarded, even maybe. When I look at that, I think of that Indian Preference Act you know and how people interpret how they belong to.

## **Secondary Research Question #2**

*Do Native drug and alcohol counselors believe that U.S. tribes have common solutions to alcohol dependency in spite of tribal diversity?*

Participants felt recovering from addiction is more an individual journey. It's something they have to decide to do alone, although they did feel a Higher Power was there within them helping them. One person said, "Each individual does it differently." Another stated, "I work hard at trying to help people understand that it is just a personal spirit that they need to pay attention to." A third added, "There are different things that you can do."

## **Secondary Research Question #3**

*As the Native drug and alcohol counselors report it, how does the Alcoholics Anonymous treatment program meet the needs of American Indians?*

There were various comments relating to this question. One participant said, "For me, what is beneficial to me is a support group where I am accountable." Another said, "I like the fact it causes us to look at ourselves as individuals. It does a lot to take away our need to want to blame . . ." A third said, "I like the fact AA steps take you through a process of admitting and seeing the insanity of the addiction." One participant stated, "I like AA because it is formally focused on alcohol. A drug addict might have trouble." One said, "I like the comradeship that I felt from personal experience" and "It can be a good behavior recovery that you will be amongst others with the same problem, so you won't feel so alone." One final comment, "With AA you get to share with others and help someone else."

#### **Secondary Research Question #4**

*Do the Native drug and alcohol counselors see other programs as meeting the needs of Native alcoholics better than AA? If so, which programs surpass AA and how do the Native drug and alcohol counselors explain the advantage over the AA treatment program?*

The vast majority of participants believed that a Native 12-step program would be more appropriate for Native clients. One participant stated, “The Native 12 steps would be inviting for a Native American treatment facility that wants to use culture and awareness as the way for recovery. I think that would enhance the experience.” Another said, “I think the Native 12-step program would be better for Native clients because they can get back into their culture, their beliefs.” Only one participant stated they believed either AA or a Native 12-step program would work, “I think for Native clients and Native treatment centers I think it would be beneficial to use either or.” One respondent believed Reality Therapy was best, “Reality therapy. It is when they tell you their stories and letting them take a look at themselves when they were using. I am using the life skills program. A lot of them are in denial.”

#### **Codes, Categories, Themes, & Assertions**

Using transcripts as raw data, the researcher went through transcripts and assigned codes to each fact (Table 2). Initial codes were divided into groupings of related facts and each grouping assigned a higher code focused solely on whether or not participants liked or disliked AA or a Native 12-step program. This was for the purpose of comparing programs. In Table 1, initial codes were used to determine categories. Categories were organized into specific groups of related ideas and assigned a theme, and themes were developed into assertions.

Table 2. Codes, Categories, Themes, and Assertions.

<i><b>Codes</b></i>	<i><b>Categories</b></i>	<i><b>Themes</b></i>	<i><b>Assertions</b></i>
Power Within	Power Within	There is a power, a power that runs throughout all of nature, a Great Spirit (or Higher Power) that also is within us that we need to reconnect to – to survive and remain sober.	We must reconnect with a power, a power that runs throughout all of nature, a Greater Power (or Higher Power or Great Spirit) that also is within us to survive and remain sober.
A/N Power Within			
NAA Power Within			
Spirituality	Spirituality		
NAA Spiritual			
NAA Spirituality			
AA Communicating	Communicating		
AA Individuality	Individuality		
NAA Individual			
NAA Individualized			
NAA Advantages	Likes Native 12 Steps		
NAA Like			
NAA Likes			
NAA Connected	Connected with a Higher Power		
NAA Connected HP			
NAA Higher Power			
NAA Power of Truth	Power of Truth		
NAA Prob. Control	Problems with Control		
Both Good	Both AA & NAA Good	There is strength in numbers.	The best way to help yourself is by helping others – by meeting in groups (as opposed to trying to stay sober alone).
AA Accountability	Accountable		
AA Accountable			
AA After Sobriety	Likes AA		
AA Beneficial			
AA Likes			
AA Member			
AA Helping Others	Helping Others		
NAA Help Natives			
AA Meetings	Group Meetings		
AA Support Group			
AA Wholistic	Wholistic	Many Native people tend to prefer Native culture to get sober.	Sometimes, returning to Native culture and traditions is necessary for Native people to be sober.
NAA Wholistic			
NAA Cleansing	Native Cleansing Rituals		
NAA Sundances			
NAA Sweat Lodge			
NAA Sweats			
NAA Teaching	Teaching Native Ways		

## **CHAPTER V**

### **DISCUSSION AND CONCLUSIONS**

This study was a comparative content analysis of alcoholism treatment programs with a focus on a Native treatment alternative. Although research has been done on alcoholism and 12-step programs, no known research has been done on a Native 12-step program for American Indians in treatment. As already mentioned, the alcoholism rate for American Indians is seven times higher than the United States general population (Grant & Brown, 2003).

This research was an in depth study to discover major reasons American Indians have difficulty in fighting alcoholism. The researcher's recommendations will come at the end of this dissertation.

This study involved interviewing Native American drug and alcohol counselors at two Native drug and alcohol facilities. No Native drug and alcohol counselor admitted to any known bias that the researcher was aware of. Everyone who took part in the questions that were asked knew what was involved. All were asked the same questions in an atmosphere of telling the truth as they knew it. All interviews took place in a similar setting and atmosphere. Only Native drug and alcohol counselors were interviewed. Non-Native drug and alcohol counselors were not asked to participate in order to get a unique perspective on the Native view of being addicted and the problems they have. A

comparison of Native versus non-Native views on alcoholism was not the purpose of this dissertation.

In this chapter, the researcher discusses how participants responded to each of the research questions and implications of those responses for society. Then, the researcher will look at each assertion that emerged from the data analysis. Finally, the researcher will summarize conclusions and list recommendations.

### **Primary Research Questions**

#### **Primary Research Question #1**

*What do Native drug and alcohol counselors see as the most effective alcohol program for Native people?*

Most participants felt a Native 12-Step Program, such as Eshkibok's Native 12-step program, would be more effective and relevant for Native people in recovery than AA. The main reason why a Native 12-step program may be more relevant to Native society is because of the unacceptable high alcoholism rate of American Indians. Use of alcohol is a symptom of underlying problems. High alcoholism rates can speak to problems that people believe or know are out of control and as a result feel hopeless. This can also come from racial oppression, poverty, and high unemployment rates. Racial oppression comes from not being treated in a fair and just manner and having the public seemingly unaware of that oppression. Alcoholism, which is preventable, often results in higher suicide rates, homicides, and car accidents for American Indians. For many, going back to Native culture and spirituality and incorporating Native customs into alcohol treatment programs has been the only way American Indians feel they can survive in today's world, because Native culture is part of who they were, and are, and can still

become. While it may be true many Native people know little about their culture, going into drug and alcohol treatment may be the only way some will find the help they need. Living a spiritual life is the only way many of today's American Indians can live like their ancestors and live happy and successful lives. Native people appear to prefer to be with their own people because of the culture and the traditions they share.

### **Primary Research Question #2**

*Do Native drug and alcohol counselors think spirituality plays a role in alcohol treatment programs for Native people?*

Most participants felt spirituality was an important aspect of recovery for Native people. We, as Native people have lost so much of our culture. The only way we can be like our ancestors is to do what they did to survive and that is to respect ourselves as being a part of Nature. The Creator is Nature. The only way I can continue to be a good person is to find a way to learn from my ancestors the right way to live, and it is to live a simple honest life. I learned over a long time ago, I cannot live that kind of life if I am using alcohol. It took a long time, but that is the lesson the Great Spirit had for me if I wanted to live. I wanted to live a good life, but I didn't know how. When I wanted to quit drinking, AA was the only way to do that, then; that worked for me. I did not want to die, but when I drank I often felt hopeless, and then I did want to die. Without putting the Creator back into my life, I would be dead, a doctor even told me so one day. So, I know AA works. I wanted a 12-step program for Native people because it felt like a lot of them did not like AA until I read a book by Charlotte Kasl called *Many Roads, One Journey*. Until we ask the Creator for help, we will likely not get any. You have to want it to get it more than anything else.



### **Primary Research Question #3**

*If spirituality plays a role in alcohol treatment programs for Native people, do Native drug and alcohol counselors believe that spirituality plays a major role?*

Most participants felt spirituality played a major role in their recovery.

Most Native people I know already believe in a Higher Power. In different places, He is called by different names, but it is the same Higher Power. I don't know any atheists, although there are likely some out there. My family were (and still are) brought up believing in a Creator. As someone has already mentioned, everything we have comes from Him. So we had spirituality before the white man came to our shores. Traditional Native people pray deeply to the Creator. Spirituality is built into us as children. I remember that even my grandparents went to church every Sunday when I spent my summers with them. It was just a part of life. My relatives would always believe that when something bad happened to you that you must have been misbehaving, and He was sending you a message to be good or prepare to face the consequences. We also believe in sharing our land with others and not keeping everything for ourselves.

### **Primary Research Question #4**

*How will Native drug and alcohol counselors justify why they do or do not believe spirituality plays a major role?*

Many participants felt spirituality played a major role in alcohol recovery and in staying sober. Counselors justified this by saying, "A lot of people when they are using, they get lost into their alcohol and drugs. When they decide to get sober, the spirituality just keeps them going forward in their sobriety." Another said, "It's how I keep myself

sober is through spirituality, Native spirituality. When I first quit drinking, I never knew what a sweat lodge was; I didn't know what "being Indian" meant. All I knew was I kept seeing these guys going into this little hut wondering what they were doing."

Based on this study, counselors believed spirituality helps people attain sobriety because it works. Native people have to find a way to communicate with the Great Spirit. The best way they can do that has been through attending a sweat or other Native ceremonies to ask for forgiveness for wrongdoing. It was a way of life that was trying to be stamped out by Christianity. When we lived in our culture and traditions, we lived as simple honest people without alcohol. Even though many Native people live in big cities, they want to maintain their ancestral roots. They can do this by going to pow-wows and by praying. It is important for Native people to not forget where they came from because we have to know who we are and if you lose your identity you are lost because it is presumed you don't know who you are and that is very important. With myself, because I don't go to sweats often or participate in pow-wows, I am active at AA meetings where I try to help other alcoholics, and it works for me. The Creator wants us to help others and that is a part of Native culture.

### **Secondary Research Questions**

#### **Secondary Research Question #1**

*Because of the diversity among American Indian tribes, how might Native participants react to a specialized treatment approach that adapts the treatment program to the worldview and values of Native people?*

Even though we are all members of the human race, the reason we should have our own Native 12 steps is because it is relevant to our way of life. This is a

life and death problem. Don Warne, an American Indian doctor gave a presentation at the IHS/BIA/BIE/SAMHSA Action Summit on August 3, 2011. In his presentation, he showed the alcoholism death rate in Indian Health Service (IHS) Aberdeen area is 13 times higher for American Indians than the U.S. population (Warne, 2011). It is mentioned in the “big book” by Alcoholics Anonymous that AA was founded by one hundred white men and women (Smith & Wilson, 2013). AA is still full of white men today, and one size doesn’t fit all. American Indians have different values than the dominant society. We tend to believe the Creator wants us to live in a spiritual world, not a materialistic one. Non-Native therapy is not helpful enough, and so we need something that Native researchers can do for their own people. It is good to know the Native 12 Steps was well accepted by Native counselors.

### **Secondary Research Question #2**

*Do Native drug and alcohol counselors believe that U.S. tribes have common solutions to alcohol dependency in spite of tribal diversity?*

It has been said in Native culture,” One Indian can never tell another Indian what to do.” Native tribes are very different. Native tribes suffer common problems of discrimination, shortage of funds and funding, poverty, high unemployment, and drug and alcohol addiction. Native tribes have all been subject to the same types of attitudes from European colonists as they immigrated to America. So, we could deduce there are some common solutions to Native dependency of alcohol and drugs. One solution is education for Native people. Another important factor is spirituality.

### **Secondary Research Question #3**

*As the Native drug and alcohol counselors report it, how does the Alcoholics Anonymous treatment program meet the needs of American Indians?*

There are similarities between AA and Native culture. The 12 steps and traditions of AA are also found within traditional Native culture. For example, in AA we share our experience, strengths, and hopes. In Native culture, we shared the land with Europeans. Another example is in AA, all groups are independent of each other; no group can tell another what to do. In Native culture all tribes are also independent; no one tribe can tell another what to do. There also has been an interconnectedness happening. In Native culture it is our interconnectedness with the earth and the Creator and its cycles. In AA, it is interconnectedness with God or a Higher Power, and the cyclical way one drink will send us back to alcoholism that one leads to another. A return to the circle in Native culture means we have to find where our balance is and shows us what we have to do. The circle helps us find balance and AA helps us find balance by looking at ourselves to see where we went wrong.

### **Secondary Research Question #4**

*Do the Native drug and alcohol counselors see other programs as meeting the needs of Native alcoholics better than AA? If so, which programs surpass AA and how do the Native drug and alcohol counselors explain the advantage over the AA treatment program?*

The vast majority of the participants believed that a Native 12-step program would be more appropriate for Native clients. Eshkibok's Native 12-Step Program was meant for Native Americans; it was researched and designed for them. Even AA admits it was put together by one hundred white men and one white woman. Even though AA says

it is a spiritual program, it has a religious component. AA uses the Lord's Prayer to end their meetings. Native people want their own way to get sober and want to be with people like themselves. Eshkibok's Native 12 steps was designed by a Native man with their cultural ways in mind such as Native storytelling and Native activities like the sweat lodge so they can share their lives in a good way.

### **Assertion #1**

*We must reconnect with a power, a power that runs throughout all of nature, a Greater Power (or Higher Power or Great Spirit) that also is within us to survive and remain sober.*

The name "God" is a Christian name that came from Europeans with their Christianity. All American Indians that I know of believe in a "Higher Power." I don't know of any that don't believe in the Creator. Everything we have comes from Him and so if we want to get back to where we need to be, only He can help get us there. It is the same thing with alcoholism; only He can help us get sober, and we must never forget this. We have gone off balance and must return to what has been referred to in writing as the "red road." Many Native Americans know they have a mental health problem, but have somehow lost their way. No one wants to grow up to be an alcoholic or die an alcoholic death, but some will. As mentioned earlier, Native Americans die from alcoholism at seven times the national rate and that is unacceptable.

### **Assertion #2**

*The best way to help yourself is by helping others – by meeting in groups (as opposed to trying to stay sober alone).*

By helping ourselves, we are actually helping others. When I used to drink, I thought I was helping myself. I wasn't and didn't know what to do. I went to confession

on Saturday night and went to church Sunday. I didn't believe I had a problem with alcohol for a long time. AA maintains that helping others is very important to maintaining personal sobriety. In Native culture helping your community is a way of paying back what wrong you have done through word and action.

### **Assertion #3**

*Sometimes, returning to Native culture and traditions is necessary for Native people to be sober.*

One of my main concerns has always been to go back to my culture; I never knew how to do it. I did not know I had an alcohol problem. I did not know *I* was the problem and that alcoholism was (is) a symptom of underlying problems. I didn't know I was sick. I thought everything was alright. I had everything I thought I wanted including a brand new car, a nice home, a good paying job, lots of nice clothes, but I was not happy with myself. I fooled myself, but I did not know what to do. I knew I wanted to be like my ancestors, but I didn't know how to get there for a long time. I didn't know how to become humble. I was lost for an answer. I believed I was not an alcoholic. I thought alcoholics lived on skid row or were bartenders, and I was neither. They were the alcoholics to me. I finally hit my bottom at age 34 and later found out AA could lead me back to my culture because AA gave me the support I needed to be me. After I noticed Native people were not making it in AA, I decided it was time for me to do something – find a program that was more relevant for Native people. When I went to graduate school, my professor encouraged me to find something that would interest me. I knew it would be a 12-step program for Native people. I found spirituality the key to sobriety, but there were other programs as well. He encouraged me to do research on a Native 12-step

program for Native Americans. I decided doing a doctorate in my field of communications would help me do what I wanted – help my people.

### **Conclusions**

The researcher will now discuss five major topics of interest that emerged from the study: colonization, the AA 12-Step Program, Eshkibok's Native 12-Step Program, recovery, and spirituality.

#### **Colonization**

It has stopped American Indians for a long time. It has taken away a lot of ceremonies and traditions that helped them cope with problems. European colonization of America, and its consequences, has been a problem for American Indians to a point where American Indians don't know or understand where they fit in the dominant American society. As one counselor commented, "We have the nonwhite society that dictates, plus we have our own culture that dictates another way; we are bouncing back and forth, and we need to fit who we really are as a people." Another counselor said, "Parents and grandparents were punished for our language." Another counselor mentioned,

If they can see we are a people without drugs and alcohol in our lives, it's not part of what we know how to do or how we know of how to fix ourselves, whether it is our feelings, our religion or whatever. We never turned to alcohol for that.

Historically, American Indians knew they had specific roles to perform. At the time of this research, while it may be true people individually determine where they belong in a community, government policy has been instrumental in determining where American Indians are today.

### **Alcoholics Anonymous (AA) 12-Step Program**

It must be fair to state that even though American Indians have been doing something about alcoholism, Alcoholics Anonymous has been around since at least 1939. There is an AA pamphlet on Native Americans and alcoholism. People can and do connect AA with spirituality. AA is a spiritual program because each of the 12 steps has spirituality as a part of each step. Becoming sober can be a difficult task because there is so much to consider, in as much as, it can leave you in a position to be criticized by others and labeled “alcoholic.” No one wants to be criticized. AA works for many, but not enough for all. The statistics show it has a poor record of helping people with an addiction problem. While it is true AA causes us to look at ourselves to change, change for some people is very difficult because change is stressful; for others, they have no choice but to quit drinking alcohol in all its various liquid forms. A lot of people also have trouble with the word “God.” There are people who want to get sober but are atheist or agnostic. AA gets around this problem by using the term “Higher Power” instead of God. There are no known disadvantages to AA’s 12 steps.

### **Eshkibok’s Native 12-Step Program**

The Native 12 step program developed by Eshkibok (2004) and based on earlier work by Kasl (1992) helps build a foundation for American Indians who have an addiction problem with alcohol. This is in spite of the fact that a person can still use AA’s 12 steps, as well. At the time of this study, American Indians were living on or off reservations or in cities or rural areas. Either 12 step program can work anywhere. Many American Indian counselors tend to think the Native 12 steps would be more appropriate



for them because it touches more on their culture, and they say it is easier to understand. They look at a program emphasizing Indian ways as relevant to their culture, such as, using the Great Spirit as a Higher Power, rather than Christianity's God concept in religion. It's really the same thing, but from an American Indian perspective. The advantage of the Native 12 steps program is the program relates to our Native brothers and sisters in a way they understand, and that opens up a lot of doors. The Native 12 steps makes Native people feel more comfortable to accept who they are and helps Natives get a feel for what they need to do in today's world. It is all in the wording and helps those who believe in traditional Native ways feel good about what they believe in. The Native 12 steps are more spiritual to Native people.

### **Recovery**

Although many American Indians have not been to a sweat or a sun dance or used other traditional Native ceremonies, no research has been done on using traditional Native ceremonies to become sober and maintain sobriety that the researcher is aware of, but evidence appears to indicate that Native culture can work in helping Native people stay sober. Native storytelling has to be one of the best ways to help American Indians. By telling a story of what can happen, Natives can judge for themselves without being judged by others if that is the way they want to live their lives. It works at AA meetings, too. Elders on reservations also use storytelling to teach Native youth and when they do, they find interest in the subject matter increases. For example, in American Indian culture, Iktomi is a trickster and is used to symbolically represent methamphetamines. Iktomi is a trickster and shift changer and has taken on the new face of the enemy within.

Looking at addiction and life from a wholistic perspective also appears to help a Native individual maintain sobriety. In American Indian culture, there is the Medicine Wheel to see where we need to improve our lives. Looking at our addiction from a mental, spiritual, physical, and emotional perspective can give us an advantage over people using methods that don't address wholistic health to help us see what we need to work on in our lives. Even AA mentions these four areas (Wilson, 1953), that we need to work on.

It is also important to state inpatient and outpatient treatment both work. There are many ways to become clean and sober. All drug and alcohol treatment facilities do is make you aware of your addiction; they can't make you stay sober. Staying sober is up to the individual.

Getting sober is an inside job. According to one counselor the number one reason why American Indians have trouble getting sober is identity. They don't know who they are or have lost their way or purpose in life. The number two reason why American Indians can't or don't get sober is they don't understand historical trauma. AA was founded by 100 white men and one white woman who later committed suicide. Kasl has already explained her version of why American Indians need a 12-step program for themselves; they don't have the same values as non-Indian society. One size does not fit all. This counselor claims American Indians have more success when they find their identity, who they are, what they are, the clan they come from, who their people are, and their family background.

One example of what has happened to American Indians that is different than American society is boarding schools. One movie showed Natives how boarding schools have affected them today. As a result, one counselor explained to Natives how our ancestors grew up without parenting, love, or affection. The movie showed how when our ancestors' parents grew up and had children, our ancestors weren't able to teach the children how boarding schools affected them. This counselor admitted she "grew up watching Beaver Cleaver and thought that was the way families are supposed to be."

The first major problem in recovery is to find out if you have a problem and then admit it. One of the first things a person has to do to stay sober or off alcohol is to take an honest look at themselves. In 12-step programs, this is where it starts, with yourself. Whether using AA's 12 steps or a Native 12-step program, sobriety starts with being honest with ourselves. This usually comes after we admit using alcohol is disrespectful to ourselves and others who can be friends, family, and the community.

There is nothing wrong with drinking. What it does to us and what it makes us do is where the wrongdoing comes in, not how much we drink. A native drug and alcohol counselor said "the Native AA is just as powerful" as AA's 12 steps because you work on yourself. Either 12-step program will take you through a process to find out if you have a problem with alcohol. No matter which 12-step program you prefer, treatment is not just about getting sober, but finding yourself and who you really are. People can get lost or lose their lives by turning to drugs and alcohol for answers to their problems. People go to 12-step programs because something is not right in their lives and/or their life is out of control. It is not always alcohol that is the problem, but until people can pinpoint the

causes of their problems or sources of their addictions, they will keep doing the same thing. When people start believing in themselves, they come alive and find out what they really can do with life. You can see it in them; they are happier and free.

The advantage of both 12-step programs is that people can come together as a group, give each other support, and share what has been happening to them. One thing all alcoholics have in common is their addiction. Alcoholism is a lonely disease (Wilson, 1967, Item 90) and speaking to others about ourselves is a part of recovery. Twelve step meetings give a person tools to fight their addiction and lets them decide what to do about it. No matter what race you are, AA can help. It is going back to who we are that makes alcoholics drink. Group meetings allow people an opportunity to talk about issues that really bother them and make them want to drink. The programs are designed to help people help themselves. On the other hand, a particular 12-step program may not be for everybody. People do quit drinking on their own with no help from anyone. Treatment doesn't always work. For example, there are situations like in a marriage, one person in a family quits drinking, and another will not quit. The best way for American Indians and non-American Indians to get sober is to do it for themselves (not for the family).

Another problem that American Indians have to deal with is racial discrimination. By taking a spiritual view on things and focusing on our addiction and talking about it, we are able to deal with all our problems by accepting ourselves (and others) as we/they are. The Native 12 steps are more encouraging for Native people because that is who they are. Once they get sober for themselves, they can start living for themselves, their family, and their community. We are all here for a reason.

Spirituality is also a key to recovery. When people find a Higher Power, they often find that (by being honest with themselves) there is a plan in life for them. They have potential, and there are possibilities; whereas with alcohol, people try to numb out everything. By making the decision to go into recovery, people know they are on the right path, our heart is in the right place, and we are honest with ourselves. Spirituality is going to fill that emptiness within, and we are not alone anymore. We are living the Creator's will. A Native 12-step program puts American Indians back in their own culture.

For some American Indians, it is hard to follow Native cultural beliefs because some are Catholics who have different beliefs. Some people believe spirituality and religion are the same thing, but religion and spirituality are not the same thing. There are those who see a difference between church and AA's interpretation of God. One counselor said bible school never worked for him. Then he checked out what spirituality was and found it referred to traditions, beliefs, and he has been sober 20 years. He said being Catholic that he still drank, was empty inside, and thought it was alright and without AA he would not have stayed sober, but now he uses Native spiritual traditions such as the sweat lodge to help him.

One of the differences between AA and Native 12-step programs is in the AA program; they refer to God, whereas in the Native steps they refer to the Great Spirit. A lot of people stay sober after using Native ways or traditionalism. Some traditional Native activities include: picking sage, sweet grass, willow, and making dream catchers, and having people in a group hold a journey stick when you speak at a meeting. Only the

person using/holding the journey stick is allowed to speak, so there are no rude interruptions to discussions.

AA's 12 step program has a spiritual component and is similar to Native 12-step programs. Among American Indians, sharing is a major component of their lives. Historically, Natives shared the land, now they share at AA meetings. AA treats all groups of people as autonomous; all Indian tribes are autonomous, no Indian can tell another Indian what to do. AA is also an individual program, and no one is supposed to tell you what to do. In American Indian culture, when Natives get back to their beliefs, they learn how to deal with their addiction. Balance is important. While it is true some American Indians don't believe in their traditional cultural ways, sweats can help them understand their culture by a sharing of themselves with tribal members and being honest about themselves.

Education is another way American Indians can help themselves take a different look at life. One counselor uses a form of recovery help called reality therapy to help others even though this counselor is American Indian. Another form of therapy that is being used is art therapy. Eshkibok's Native 12-Step Program is also focused on empowerment dependency issues and responsibility for the self because the Native steps help free us to be ourselves. Other Native counselors take another view of addiction; one says when he sobered up he "went back to school and something positive happens." Another counselor says, "Go to treatment or halfway house and find a job." There are choices to make, but fear can stop us from doing what we want. It makes it easier for some people who find sobriety to go to their Higher Power and knowing there is a Higher

Power can help those who never had one before when they find out at meetings what can be accomplished when you have a Higher Power. American Indians have said the longest journey in the world is from the brain to the heart.

### **Spirituality**

The key to the spiritual part of Eshkibok's Native 12-Step Program is cleansing of ourselves from within. For example, in American Indian culture this can be accomplished with action through praying in sun dances. Sun dances allow us to reach the Creator in our own way. In American Indian culture, we are talking about the spirit that Natives believe lives within all of us. Life includes a spiritual connection, and we are reminded of that every day on the rising of the sun and setting of the sun. American Indian culture has sought to keep everyone in that mode of life because they have always known that Higher Power has always been there. Medicine people and holy people pray every morning and evening reconnecting themselves with the Great Spirit.

American Indians have always known there was a Higher Power, the definition of God, or use of the term "God" came when Europeans arrived in North America. Words like God are confusing to a lot of people who have lost their spirituality through alcohol and drugs. If you use the word God instead of Creator, some Natives will tend to shy away from it and put their guards up. As one Native counselor said, "I explain to them the Creator gave us Christianity and Jesus Christ, but in American Indian culture, they gave us Buffalo Calf Women. American Indians can keep themselves sober through their Native spirituality, such as, trusting their Higher Power to lead them to sobriety. It starts with Native Step 1, by admitting/acknowledging "we are out of control over our

addiction” and asking a Higher Power to restore us back to sanity. Today, some American Indians have never gone to a sweat lodge because they know little about their culture, and some Christians have gone to sweats.

### **Summary of Conclusions**

Alcohol has caused devastating damage to both American Indian and non-American Indian communities. We are all looking for answers to this problem. The researcher looked at one way of fighting alcohol abuse for Natives, Eshkibok’s Native 12-Step Program; but, there are many, as illustrated already. The purpose in coming up with a Native 12-step program was to give American Indians another look at how they can solve this problem. The researcher understands there are other problems in the American Indian community that need to be addressed as well, such as poverty, unemployment, and racism. This is but one attempt to help find solutions to alcoholism and discuss some of the problems that must be addressed when finding solutions.

There are five issues this researcher wishes to overview. First, colonization of the Americas has been a big problem. Colonization has created confusion among Natives concerning their role in society. If people don’t know who they are, it creates all kinds of other problems, like identity. Secondly, the AA program can be an important part of Native Americans finding ourselves and finding out if we have an alcohol problem. Third, Eshkibok’s Native 12-Step Program was developed because if AA doesn’t work for Native clientele, they may need to look for other solutions. Fourth, once people decide they want to do something about their drinking, recovery becomes an important objective. Fifth, spirituality is an important component in most recovery programs



because there is something missing in our lives; and without it, sobriety would not likely last long. Because this is a qualitative study, it could be considered that American Indians prefer a Native 12-step program for reaching sobriety. Only American Indian drug and alcohol counselors were interviewed for this project, and 11 out of 13 of the respondents preferred a Native 12-step program. It has been a trying task, but it has been worth it. This has been an attempt to develop a life-saving mission, a contribution to Native society because the alcoholism rate of American Indians is unacceptable and unnecessary. Both AA and Native 12-step programs let us know we have a choice.

### **Recommendations**

1. Eshkibok's Native 12-Step Program may need further testing to see how effective it may be at helping Native people reach sobriety and maintain sobriety.
2. Eshkibok's Native 12-Step Program could be distributed to every Native community in North America to be reviewed by them.
3. Further research is needed in determining how Native people feel we should solve and communicate our mental health problems to Native communities from Native communities.
4. This has to be a Native solution to a Native problem.
5. More Natives need to be educated in the Native way. Schools should incorporate classes on Native culture in their curriculum.

## **APPENDICES**

## APPENDIX A

### CONSENT FORM

You are invited to participate in a research study being done by Ph.D. student Michael Eshkibok of the University of North Dakota's Communication Program under the supervision of his advisor, Dr. Richard Fiordo. The reason for doing this research study is find the best way to fight alcoholism through an American Indian perspective. This study will also show researchers more about how American Indians are dealing with alcoholism.

The possible risk from this study is that the sensitive nature of the questions might cause negative emotions. For example, questions about feelings of alcoholism might cause you to experience certain feelings while you are doing the interview. Although there will not be any direct benefits to you other than the satisfaction of helping with this research and the learning experience of being involved with research, this study will provide a useful benefit to society. This project will help researchers to understand the different ways American Indians deal with alcoholism. We cannot guarantee or promise that you will receive any benefits from this study.

Your responses to the survey will be *kept confidential*. Information and response data will be kept in the researcher's residence in a locked cabinet for a minimum of three years after the completion of this study. Only the researcher, the researcher's advisor, and people who audit IRB procedures will have access to the data. After three years, the data will be destroyed. Appropriate measures will be taken to ensure that the data are thoroughly destroyed and not retrievable.

Participation is voluntary, and your decision on whether or not to participate will not change your future relations with the University of North Dakota. If you decide to participate, you are free to leave the study at any time without penalty. Participation involves meeting once at Douglas Place to be interviewed for 1-2 hours. It will cost you nothing to participate.

If you have questions about the research, you may contact me (Michael Eshkibok) at 701-330-0923 or Dr. Richard Fiordo at 701-777-3951. If you have any other questions or concerns, please call the University of North Dakota's Institutional Review Board (IRB) Research Development and Compliance office at 701-777-4279.

Before you agree to provide your signature on this consent form, you will be given a copy of this consent form for future reference.

If you agree with the above consent form, please sign below.

Name (Print please) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

IRB APPROVED

APR 3 2013

University of North Dakota  
Research Development & Compliance

**APPENDIX B**

**RESEARCH QUESTIONNAIRE**

Questions to be asked participants during the content analysis study include:

1. What aspects do you like/dislike about AA?
2. What aspects do you like/dislike about the Native 12 steps?
3. What aspects do you think are advantages/disadvantages with AA's 12 steps?
4. What aspects do you think are advantages/disadvantages with the Native 12 steps?
5. What 12 step program do you think would be more appropriate for Native clients?
6. What has been the best way for Native people to get clean and sober in your experience?
7. What is the basis for your choice?

## APPENDIX C

### TRANSCRIPTS OF INTERVIEWS

NOTE: *Some parts of the recording were not audible and committee members are free to interpret recording by their own standards. Also the tape recorder did not function properly for three persons and was hand written. All recordings were done by hand.*

#### Person #1

##### 1. What aspects do you like/dislike about AA?

I grew up through and am a member of AA. I like everything about AA. I hold it as wholistic to my recovery. For me what is beneficial to me is a support group where I am accountable to it. I go to meetings and share my experiences in recovery. Helping others helps me, too. The accountability of my recovery is first and communicate with AA members ensures me of my recovery. It is basically being accountable.

##### 2. What aspects do you like/dislike about the Native 12 steps?

In contrasting AA and the Native 12 steps, the end result is about the Higher Power and that is what keeps me committed to who I pray to. The end result is to stay connected. They are both the same in that they have a Higher Power, to take charge of our lives. The power to take charge of our lives, our addiction, the power is opposite to surrender and taking control and living by His will is what I like about the Native 12 steps is what I like about it. Something greater than me has to take control. I have to agree a power greater than me has to help me with my addiction, and has control over us. In the Native Step 3 we make a decision to trust in the healing power of the truth. When we resort [to] a Higher Power that power is going to help us. For each of us what want to help Native people, to lay out a foundation to make their lives different? For me, in my recovery, spirituality is the key. I use the sweat lodge to help me stay connected to my Higher Power and cleansing myself is one part of it. The other part is sun dances. I try to get people to understand the spiritual part to help us feel better about ourselves and what's inside of us. The 12 steps can help us in a way, but for me it is all more or less individualized. Each person can take the 12 steps and how they use it is up to them. I still go to sweats, and I still go to AA and live wholistic. For me it is teaching it to

others, also. For me, the Native 12 Steps make a lot of sense to me. I have a problem with control. I don't have control of anything. What I do and say comes from the Great Spirit or God.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

I have been utilizing this since I have been sober. Each individual does it differently. I have no comment on Question 3.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

On the Native 12 steps, being Native myself I support that, if it was tweaked a little bit. There is a lot of advantages to the Native 12 steps. Steps 10, 11, and 12 have a lot of advantages. Being Native, I can work the Native 12 steps, too.

**5. What 12 step program do you think would be more appropriate for Native clients?**

The 12 steps are confusive if they are understood. For example, in 12 step programs, control for Natives is up to them.

**6. What has been the best way for Native people to get clean and sober in your experience?**

Spirituality. Spirituality is about within ourselves.

**7. What is the basis for your choice?**

Spirituality. Both 12 step programs are good.

**Person #2**

**1. What aspects do you like/dislike about AA?**

I like the fact it causes us to look at ourselves as individuals. It does a lot to take away our need to want to blame if we are using. It takes our need to want to make our problems someone else's issue and forces us to take a look at some of the personal issues that might keep us in that mode of using substances. It causes us to take a look at a spiritual aspect, which is something a lot of people have trouble with. But in the context of looking at a spiritual aspect that can be worded and look at from a different standpoint and is not connected with religion or organized religion, some people have a problem with going to that point, so they connect the

spiritual part with organized religion. The trick is to get them to understand is that we are talking about the spirit that lives within them and not any organized religion. What I might not like about it so much is it is very strict; but on the other hand, it needs to be strict enough to start self-examination. I balked at first when I went through outpatient treatment many years ago when I first looked at it years ago, and came to understand that I needed to work on what was the spirit inside of me I needed to work on, not something outside of me, and it hasn't changed. It's still the same. I work hard at trying to help people understand that it is just a personal spirit that they need to pay attention to and not worry about any organized religion although we do hear about some of that.

**2. What aspects do you like/dislike about the Native 12 steps?**

I like that the Native 12 steps is a lot more person centered. It looks like it calls for Native people to get back to that sense of spirituality that people had in the older days where living life was having part of that spiritual connection and that we were reminded of that every day on the rising of the sun and setting and setting of the sun, that the medicine people and holy people prayed every morning and prayed every evening and sought to keep everyone in that mode of life, in a spiritual nature. What I understand about the Native 12 steps is how life was lived in the past in some of the research that was done.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

The thing I would go back to is the constant reference to God which people in recovery might block out; but again, it is revitalizing it in terms of their own spiritual connection to get rid of all of the things that made up their addiction about who they are, but then again we have to make them aware. In Step 10, it is doing an inventory about what they have done right and wrong and admitting it and making amends for those wrong things. But the 12 steps in the terms of the use . . . God can be offsetting to those in early recovery.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

The pros are what I said it was before, there is a reconnection with the Great Spirit that Native people have always known was there. There is this definition of God that came when Europeans arrived. Native people have always known that there was a power there and their life had to be a part of that power that they know has always been there. The con side is kind of organized in a European format and the wording is great, it is still kind of a European structure. The difference is then wording is more appealing to Native people.

**5. What 12 step program do you think would be more appropriate for Native clients?**

I think with more education, the Native 12 steps would be better for Native people. But in the program of AA we use here, the first step is to gain sobriety and after sobriety is attained, it's easier for Native folks to look toward more connection with their tribe and early ceremonies. Now it also requires in my mind more education in their home areas so this is something they could work with because colonization has done a lot of things to keep these things from Native people and lot of them have adopted modern behaviors I guess, is the best way I could put it.

**You said colonization has taken away a lot of things from Native people?**

Colonization has taken away a lot of ceremonies and traditions and some of our people do not understand their own culture at this point and this is going to be a re-education process that is going to take some time.

**So some don't understand what happened?**

They don't know we have been kind of defeated, but even in our schools we are not teaching enough about our own Native cultures. Specifically, I am speaking about the appropriate high schools there seems to be generated toward modern academics and not that I don't like that, but I think our kids need to get to college and get more education. In the process, they are being withheld from their Native culture in terms of what their Native culture has been all about.

**6. What has been the best way for Native people to get clean and sober in your experience?**

For me personally, it has been going through AA's 12 steps because most of my life, I have lived off the reservation. I was raised in public schools, and I have probably been a pretty assimilated person in terms of how my Native blood goes. I think right now, AA in our society here in South Dakota is going to be the best avenue until we can reestablish something like the Native 12 steps and a purification of Native ceremonies, reconnection with respect for ancestors, renewing of ceremonies that help people stay clean and stay sober.

**7. What is the basis for your choice?**

Mainly, at this point, the way AA has been presented has been the most prominent, and I knew there was a Native AA, and I have read it before, but in the context of dealing with a people in the here and now, AA is the strongest, and it seems everyone has heard of it, and everyone can learn to work it. I think we just



need to have more of a push in our Native community; Native AA is just as powerful. We need the Native leaders there to show this can happen.

**Person #3**

**1. What aspects do you like/dislike about AA?**

There is nothing I don't like about AA. I think it is all positive.

**2. What aspects do you like/dislike about the Native 12 steps?**

I think it is a little better than the other AA. It just touches more with our traditions and stuff, I think. Just the way it is wrote down, it works better. Our clients are all Native, and it just seems they would understand this better. They would be more in touch with this one.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

I don't know. They are both really good because you work on yourself. There is no good or bad about AA's 12 steps is what you would say? They both work. It's about finding yourself and taking the steps to do that.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

There is nothing disadvantageous or bad about the Native 12 steps, and I have nothing bad to say about it or nothing that it wouldn't do. It's a little more deeper into bringing our real selves out.

**5. What 12 step program do you think would be more appropriate for Native clients?**

I really like the Native 12 step program. It just seems like it may take a little bit more time to work on them. In AA's 12 steps, you work on Step 1 at one meeting and Step 2 and 3 at another at the AA meeting. From what I see it is a trust thing; we have to build that trust and share what they are really feeling. It takes a little more time to work on.

**6. What has been the best way for Native people to get clean and sober in your experience?**

Finding their spirituality. A lot of people, when they are using, they get lost into their alcohol and drugs. When they decide to get sober, the spirituality just keeps them going forward in their sobriety.

**7. What is the basis for your choice?**

A lot of clients come and go. When clients start believing in themselves, they come alive. You can just see it on their face. They are just more happier and relieved.

**Person #4**

**1. What aspects do you like/dislike about AA?**

There is nothing I don't like. With my own sobriety I never got into AA. I was turned off with really. I started off by going to meetings and nobody said anything; every one passed on speaking. I did go to AA, but there is nothing there for me in AA. No one would talk or very few would. I think it does help people though.

**2. What aspects do you like/dislike about the Native 12 steps?**

Actually, it was only a couple months ago I heard of the Native 12 steps, so I don't have no comment about it because I haven't studied it. Looking at this is what I am doing and have been doing since the beginning of my recovery. It's how I keep myself sober is through spirituality, Native spirituality. When I first quit drinking, I never knew what a sweat lodge was, I didn't know what "being Indian" meant. All I knew was I kept seeing these guys going into this little hut wondering what they were doing. I started asking questions.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

The advantage of AA is they come together as a group, they give each other support, they talk about things they went through that week, that's an advantage. They really need to talk about things that bother us, whatever. I really don't see any disadvantages.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

The Native 12 steps seem more spiritual than AA's 12 steps. I do all these things to help myself. I never realized that and I still do it, I've been sober 29 years.

**5. What 12 step program do you think would be more appropriate for Native clients?**

Again, I think a Native program would be more appropriate but there are Native people who don't know anything about their culture or spirituality, and they want nothing to do with it. What I do works for me, but may not work for someone else. I am working with a young lady right now who has no idea of what she is doing.

**6. What has been the best way for Native people to get clean and sober in your experience?**

In my experience, with all the people I have worked with, it is to start getting honest with themselves. Even the way I sobered, they pray and go into a sweat lodge do all these things and some people are not willing to continue that after their treatment, they just quit. It is kind of, I don't know what word to use. Some are not willing to deal with any 12 step program. I think a lot of it is because of the environment they come from, in homes where there is using going on. There in a relationship, their companion is still using. I got all kinds of stories I could share about those. So, you are saying the best way for Natives to get sober is be honest with themselves? They should start looking at themselves for who they are because for a lot of us who grew up in an environment, including myself, it was just alcohol, so we believe that's how life was. Plus the racism and prejudice that comes with it too, and not feeling good about who you are.

**7. What is the basis for your choice?**

Again, I am looking at myself, I had to be honest with myself with my alcoholism, looking at my family, because we were all alcoholics. I never realized that until I went into treatment. It's kind of funny or odd how it came about. It had to do with college. It's kind of a long story. It's college that inspired me to go to treatment.

**Person #5**

**1. What aspects do you like/dislike about AA?**

Personally, I can't see anything bad about it. I've applied it to myself. I know other people who have applied it to them. I'm not sure when I first became familiar with Native 12 step program. When I saw that, they were very similar, there was almost no discrepancy. I've never covered the idea of principles about it. I'm sure the basics principles are very similar. I don't have anything in particular to dislike about it. In treatment, we use Steps 1-5 that are required to be done before they complete our outpatient program. We encourage them in their aftercare and own

recovery to go through the rest of the steps. I can't see anything I don't like about AA's 12 steps.

**2. What aspects do you like/dislike about the Native 12 steps?**

I am not as familiar with the Native 12 steps as I am with the traditional 12 steps of AA. I've had occasion to briefly look at it, to briefly think when I first seen it to see how similar the ideas. They are similar. In all fairness, maybe we ought to look at that because the wording alone isn't scary as the 12 step traditional for those who don't know about treatment or addictions. It can feel scary. The wording can be scary for what the wording might be for the 12 step AA program. The AA 12 steps can be scary is the impression I get from clientele and different age groups. I kind of feel bad because I am very familiar with AA 12 steps that I am not knowledgeable enough to implement or encourage Native clients, who are the majority, that they would be interested in knowing or hopefully or applying if they could, if they were given the opportunity, because I've never done that.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

In the first 12 steps you do look at your addiction as something negative in your life in how and why it has affected you. The rest of the steps, I can't really say too much because I really don't work them as much on a regular basis as I do the first five steps. When we do cover them, and refer individuals to complete them in their own time and in their own way, that they can.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

In the brief time I've become aware of the Native 12 steps, I feel they have the similar application to them. It's all in the wording; it's [Native 12 steps is] more encouraging. Words like God is confusing to a lot of people who have lost their spirituality through their addiction. They are not bad human beings; they might have this bad addiction, but they themselves are not bad. That would be more encouraging for them to accept to do the steps. After they can see what happened to them the Native 12 steps can be an advantage to them and would be better.

**5. What 12 step program do you think would be more appropriate for Native clients?**

In all fairness, the Native 12 steps because that's who we are. We are taught to believe other things, to be lead to be forced to other ways of thinking. We are Native Americans. A lot of our Native clientele don't know who they are. When you get something crammed down your throat you are going to believe it eventually. We are Native people. We had our own beliefs. They are lost

somewhere. They can still be applied today. I've heard this before, but I was thinking about it. We are forced to live in two worlds. We have the nonwhite society that dictates, plus we have our own culture that dictates another way. We're bouncing back and forth, and we need to fit who we are as Native people. I remember growing up and remembering lot of people didn't want to be Native because of the way they were treated, or how their parents and grandparents, and punished for our language. It was the fear of how they would be treated or looked at, or disregarded, even maybe. When I look at that, I think of that Indian Preference Act you know and how people interpret how they belong to.

**6. What has been the best way for Native people to get clean and sober in your experience?**

That's kind of hard for me because that's my hope that we can be here for them. It's always their own choice. If they can see we are a people without drugs and alcohol in our lives, it's not part of what we know how to do or how we know of how to fix ourselves, whether it's our feelings, our religion or whatever. We never turned to alcohol for that. We have to get that back. So to be what you want to be, you have to want it pretty bad, to be clean and sober and start living for themselves, their family, and their children. We never turned to alcohol or drugs; we dealt with our feelings, our thoughts and our opinions. We had a role in who we were, whether it was male or female, we had specific roles.

**7. What is the basis for your choice?**

I guess my basis would have to be like a doctor chooses that field because they want to help people to heal, to get well, and so to be in this choice I want our people or whoever comes into treatment, it doesn't matter the color or race. If they are sick and tired of their life, I want to help them. I can only do that if I am helping myself, and I choose to be alcohol and drug free, and I have to do the work to be there. I want people to know there is hope, if I can do it, they can do it. We are all equal; we are all here for a reason. That's how I was raised, and that's what I believe in. Also, part of it is ethically, when you become a counselor, you have to let them know they have a choice, to be clean and sober. END 1009 3pm Saturday

**Person #6**

**1. What aspects do you like/dislike about AA?**

What I like about AA's 12 steps is recognizing something is wrong in life and acknowledging it and saying okay, drugs and alcohol have [be]come the major focus of my life. I'm meeting it more and more and getting into trouble with it; I guess I do have a problem. That's the big major focus, identifying there is a

problem, admitting there is a problem. Then, I think once you do that there is a relief there, and you can see and come out of denial, maybe stop blaming people for your use, and you have a reason to say, "Okay, I have been powerless, maybe it wasn't my relationship issue, maybe I used for something more because I can't say no to it." I like the fact AA's steps take you through a process of admitting and seeing the insanity of the addiction, what it has brought you through. In Step 2, saying things over and over and expecting a different result. In Step 2, we talk about insanity, that's a concept that maybe I have an alcohol problem, you're telling me I have an insanity problem next, and this says I am doing things that are not safe. I'm operating vehicles while I am using, heavy equipment while I am using, maybe at home where something can go wrong where I am using, things like that puts not only myself at risk for harm and danger, but puts my immediate family at risk and my loved ones, friends, maybe I am getting in fights, blackouts. This behavior is not sane, so now we look to a Higher Power to restore us back to sanity, so I like that part. Okay, we have a problem. It doesn't mean it has to be that way forever, you know, when we admit we have a problem. Step 2 lets us feel okay, we don't have to stay in the problem, there is a way we can seek help, but I have to identify a Higher Power. Well, maybe I never had a Higher Power before, or what is a Higher Power, and so we can get confused with all the different religions, all the different you should do this and have peace, you should do this and you're going to be forgiven. There are different things that you can do. Using for so long, we can't turn to a Higher Power because we have done all these things. Step 2 tells us you can still go to your Higher Power, despite what you have done. You can receive mercy, you can receive grace . . . that you can receive understanding, you can receive forgiveness, I really like that aspect that, okay, I have a problem, and I can seek help from a power greater than myself. So, I have to be open-minded enough to search for a Higher Power. That's why I like the steps, because it takes you through a process of figuring out there's a problem that you can turn to a Higher Power. Giving your life over to a Higher Power, you feel better. You don't have to do the work all yourself any more. You have something greater than yourself that is going to help you in your situation. It takes time; it's a process. While you are waiting you can write an autobiography of your life. In Step 4, it tells you to make a searching and fearless moral inventory of yourself which is writing all your assets and liabilities. What have you done good in your life, and what have you done you are not very happy about in your life in Step 5. I guess I am a promoter in that the steps take you through a process, and you are not left hanging in the balance. You know once you find out you have a problem, it is like, okay, you have a problem stamped on your forehead the rest of your life; you are doomed. No, there are steps you can take, you will be okay if you follow these steps, and it's a choice. The AA's 12 steps cover so much and that is why they have been used for so long.

**2. What aspects do you like/dislike about the Native 12 steps?**

There is nothing I don't like about it. I would encourage it. It follows a good guideline of admitting or admittance there is a problem that shows our life is out of control because of addiction. It pinpoints addiction and has (the alcohol) taken over our lives. There are situations in our addiction we wake up from a hangover and find out Social Services has taken over our children and driving away with our kids that really shows my life is out of control. Waking up in a jail cell, having to report for breathalyzers, you got somebody watching your life all the time. Yeah, definitely I think the Native 12 steps show there is an addiction there. Admittance is important. We came to believe the Great Spirit awakens a healing wisdom within us when we open ourselves to that power. I like that aspect of opening ourselves to a power of a Great Spirit, because I think Higher Power is deluded in the sense that over time people can believe we can believe in a chair as our Higher Power because we don't want to be offended and say God and Higher Power and so we are deluding it down to be anything. It can be the carpet; and for me, I think that, that is absurd, that a Higher Power can be a carpet. I think we need to reach out and encourage our clients to reach out far above and not be afraid of offending somebody, but challenge them to see a Great Spirit, because there is one. We have to encourage them to do that, because if we don't [do] that, it's going to be a crutch because this chair is my Higher Power so that is what I am going to count on. I am going a step further and say there is a Great Spirit. There's a plan for my life. I have purpose. I have potential, and I have possibilities through this Higher Power. I do like the Higher Power aspect because it does say more, and it's identifying. It is descriptive, whereas Higher Power is starting to become deluded. For me and my own opinion, I think it's nonsense to say you can tell people a tree is your Higher Power or a door knob. You know what, what created the door knob, what created the tree, what created the air, what created the wind, you know, think Great Spirit? So yeah, I like it. I tell people go beyond that, what made [the] door knob? What made the tree? What made the soil? You know there is something bigger. I like that the Great Spirit is identified as first as a Higher Power. I get clients that come from treatment say that, "My last counselor said I that I can use my journal as my Higher Power or my book." I think that that's okay, but I say go further, let's try something else, go deeper than that, make a spiritual connection with the Great Spirit, with your Higher Power, with God. You know you don't have to fear and think that you're not good enough. Go and say, "This is where I am humbling myself. This is who I am. This is where I brought my life. I need your help out of here." You'll be amazed at the things that will happen once you do that.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

The advantages of AA's 12 steps are the group interaction, the group therapy that it allows for in that you don't need to have a counselor right there. You can [go] into an AA meeting and talk about what your life is like, why you were using, how you

feel now. You can discuss maybe symptoms, triggers, and say maybe, you have to go back to Step 1 and back and forth and up and down in AA's 12 steps and then you can say, "Yeah okay, I'm slipping away here, I need to evaluate my life and say I did have a problem, I do have a problem with alcohol or drugs, and it is always going to be that way so I need to evaluate." The AA 12 steps helps you do that. It's an advantage for recovery because it helps guide you along. I think the disadvantage of AA is if it's used as a social gathering where you go and you are not talking about the main issues that bother you, but you are going to [AA] to say you are going, you are attending, you are going to have a cup of coffee with friends. Are you really talking about the main issues that are going on? Are you really trying to be helpful and supportive of other struggling addicts, alcoholics? So, I think that can be a disadvantage if it turns away from the purpose which is to help and encourage each other. Just listen to each other. You get to talk, to feel justified, to open your mouth to say this has been bothering me. I don't know why I am feeling this way, but the feelings are there. In my past, I would go out and use or say something like, "Oh, whatever," and would go out and use or do something whereas now you can go to the meeting and talk about it and get some relief and feel good about it, but it's the AA you are going to, it's not fed up. If they are there just masking the problem, then I think this would be a disadvantage. I hear that goes on sometimes.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

Is the Native 12 steps just for Natives? I can't say I know of any disadvantages of any of it, but I think the advantages of a Native 12 step program would be that everyone sitting around the table looks like you, knows what afflictions you go through being a minority in a Caucasian dominated society, the struggles, maybe getting work, maybe you're overlooked, underestimated, or maybe you are taken advantage of. I don't know what the disadvantages could be. A disadvantage would be if it's if it is exclusive to Native people, in interracial families, maybe both spouses are in recovery and one goes to AA's 12 steps and the other goes to the Native 12 steps. If they don't believe the same thing, they would be separate in going to these meetings would be the only disadvantage, that it would be exclusive. I think the advantages would outweigh the disadvantages. The advantages are that everyone looks like you and knows what you are going through. I really can't say.

**5. What 12 step program do you think would be more appropriate for Native clients?**

I think for Native clients and Native treatment centers, I think it would be beneficial to use either or. We do have steps in our group room that are written in the 12 step way, not to say the 12 steps are not plain and simple, but the Native 12 steps would be inviting for a Native American treatment facility that wants to use culture and



awareness as the way for recovery. I think that would enhance the experience. I do think it is important for Natives to acknowledge Christians that believe in Christianity and that they feel they can express that love for that part of their life, because we do have clients who are Christians having gone to sweats who have experienced that, and we do let them see a pastor and go to church once a week as well. We offer sweats as well, too.

**6. What has been the best way for Native people to get clean and sober in your experience?**

I would say spirituality, the foundation. Promoting spirituality for everything, I think, acknowledging that there is a Higher Power out there, that there is a Great Spirit out there. We are humbling ourselves, and we want to be better for that purpose. We are glorifying our God, our Higher Power. I think I am so big on that. I don't think you can have peace without a Higher Power, without spirituality. Even when you are alone, when you feel forsaken, you turn to your spirituality, and it's going to sustain you. I think it is so vital for them that we encourage them to develop their spirituality, and I think that is going to help you.

**7. What is the basis for your choice?**

I think the reason we use is not having spirituality. I think we can have spirituality and use; but in a relationship with our Higher Power, we have conviction where we feel like we want to do the right thing. It fills that void, the emptiness, the loneliness, where we try to replace that with drugs addiction, different relationships, wanting to cheat people, and inferiority. Spirituality is going to fill that void; it's going to replace it rather than turning to alcohol to numb it. With alcohol we try to numb it, cover it up. Spirituality takes us right through it. We feel it. We grow. We have the foundation. We aren't tumbleweeds in the wind no more. We are grounded with spirituality. We know what we got to do, and we are going to do it regardless of our circumstances, regardless of how people treat us, regardless of how we are talked to, regardless of how much money we have in the bank, regardless, we are going to stand fast. If we don't have that spirituality, we are going to feel like we are alone. We feel heavy hearted. We are going to feel alone, that what's the point; we are going to [go] out and use, and ultimately that's destroying us. Alcohol and drugs is destroying us.

**Person #7**

**1. What aspects do you like/dislike about AA?**

Some people like AA and some don't. For me, I don't go to AA, but I do recommend that clients who do go to AA and attend them and after if they need to.

It helps them and some of them don't like them because it is not all Indian run; it's mostly white people that run AA meetings, and there is no understanding of where the Indian is coming from when they tell them about their problems.

**2. What aspects do you like/dislike about the Native 12 steps?**

I never knew there was a 12 step program for Native Americans until I just read it. I think it is a good one because it puts them back in their own culture and they can probably get more out of it.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

It is mostly all white people ran around here except for this program, but still we have white people come here because they know or have family members that are Native American, but it's up to the person if they want to go or not. My opinion is that I am not going to force them.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

I think would get a lot of it if we had more of them around here because they are always looking for places where Natives congregate and to talk about their problems and stuff. In this community a lot of them say, "I don't want to go to this AA, because it's all white, and they just sit there and stare at us." It sounds like it would be good because it is all one community of Natives instead going to that and they would understand where they are coming from.

**5. What 12 step program do you think would be more appropriate for Native clients?**

I think the Native 12 step program would be better for Native clients because they can get back into their culture, their beliefs, and to learn how to deal with their addiction. Some of them go to sweats, and some of them never went to sweats and this will kind of help them understand their Native culture. I believe the Native sweat is a thing for them to go to, to talk about their problems, to pray about their problems.

**6. What has been the best way for Native people to get clean and sober in your experience?**

In my experience working with Natives, being blunt. I am from the old school. I tell them straight out what is going to happen to them, what could happen, and if they don't do certain things to straighten it out, like the sweat's, church, going to meetings, stuff like that, aftercare will set them back to where the same things are

like where they were before. So far, I've noticed we have a pretty good turnout of our clients staying sober. But it's the older ones who stay sober, it's the younger ones as we say still sowing their oats and are there to mostly get out of jail or whatever. I tell them they need to go to church, sweats, or AA meetings.

**7. What is the basis for your choice?**

Like I said, I'm old school. I graduated from chemical dependency in the 1980s. In the 60s and 70s, I was on the streets drinking alcohol, taking drugs, and all that stuff, so I know what these things can do. I was raised in a drug and alcohol home, so I know what it is all about. I've been sober since 1985, and that's a long time to be sober.

**Person #8**

**1. What aspects do you like/dislike about AA?**

It doesn't fit Native culture. They don't understand with their cultural beliefs, so when they follow the non-AA, they are too confused, they don't understand it. The Native youth are totally confused. A long time ago in Native story telling you got more of their attention and their ability to understand it better. Native storytelling is a better way. My uncle is rewriting the old stories and even elders on the reservation use storytelling to do teachings. When I do that with Native youth, their interest is more better. I'll give you an example. Western society is like the drug methamphetamine. We compare it to the story of Iktomi. They seem to remember it this way. Iktomi is a trickster and shift changer and has taken on a new face of the enemy-meth. If you take something from a Native American aspect, they remember it better, it fits them.

**2. What aspects do you like/dislike about the Native 12 steps?**

I say the same thing as Question 1, if you fit it into the 12 steps like the Native culture like you got here. The name God, I have a lot of Native youth who have no religion. They don't use it because they are confused. They say there are all kinds of names for God. Then we turn it around and put it into Creator, and we explain to them the Creator has many names. Iktomi is the spider, the trickster; Methamphetamines is the trickster. It tricks you. Storytelling seems to stick with you more, it is easier, faster. If you use the word God, instead of Creator, they tend to shy from it or put their guards up right away. When I work with youth, they go all around to say the Creator could be alien. It could be, you know? I explain to them the Creator gave us Christianity, gave us Jesus Christ. In our culture, they gave us the White Buffalo Calf Women. In each one, they gave somebody something in each culture. Native Americans understand the Creator better than God. You got to remember, they are just coming back to their culture. Especially in

addiction, they are afraid of it. As soon as you bring in God and words like that, it throws them totally off. They say I'm not spiritual, I don't believe in that, but we say use the Creator.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

I think it's good. If you are capable of understanding it, I don't think anything is wrong with it, the only thing, like I say, is rewording it to fit a Native perspective, you know. When I teach on 12 steps, if I break down the steps to what they need, they understand. If I read it straight out, they don't get it, they're confused. If I break it down to what they mean, then they can understand if I throw in a little story behind it. Then, I'll break it down to what happened in their lives. If I stole from my grandmother, I break it down so they can understand what I am talking about so they can make amends on it and how they would do it. You can repeat the story of the wolf and Native stories that we have and you think like that. I think it's hard for Native people to understand AA's 12 steps.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

Turning God into Creator. If you were like Step 7 and asked Him to humbly remove our shortcomings, if I was a younger person, I would not understand what you are asking me. It is the way we speak; we don't use those words. I would use the Native 12 steps than use the Western society one. I wouldn't use the word God, I would use the word Native.

**5. What 12 step program do you think would be more appropriate for Native clients?**

The Native one.

**6. What has been the best way for Native people to get clean and sober in your experience?**

Number one is identity; and number two is understanding historical trauma and how it has and is affecting our families today. I get more success with that. Finding their identity, who they are, what they are, the clan they came from, who's their people, their family background; and then we show them this movie, we show them what happened, like in the boarding school era and explain to them how our ancestors grew up without parenting, love, or affection and then when they grew up how they had children, and they weren't able to show them how to understand how it has affected us. I'll give you a prime example, I grew up not hearing the words, I love you. I was married for 16 years and only told my husband twice and that's because he asked me. I never told my children I loved them. I grew up watching Beaver

Cleaver and to me that is the way families are supposed to be. To me, I felt I was not wanted or needed. I didn't understand the difference between Natives and historical trauma. I take some adults into their fifth steps and they tell me that, "My mom never told me she loved me and only told me when she thought I was dying in my bed after a car accident." When I explained to them how historical trauma affects us today, they can see it more openly. Identity and understanding historical trauma and how it affects our families today. Another thing we are doing with our youth is we are more hands on and visual learners, we are starting more hands on and put more therapeutic art into our program, into our teachings. You'd be surprised when I take them out, they pick medicines; and at different stages how things can come out, and they remember better, otherwise again it's going back to their identity. It stays with them more because you can tell them until your lips fall off; but if you tell them, but if you show them, they tend to remember more.

**7. What is the basis for your choice?**

It is because I've tried different ways and like to use the ways that work the best. A lot of what elders [say] on advice, and what they have told me, work way better than any book or college I have been to, and I would like to pass that on. What works the best is identity, understanding historical trauma and its affects, and the hands on approach. For example, you can tell your story on a journey stick, it's all hands on. It works, they remember, they can come back and tell you in five years later, "Do you remember when we did that?"

**Person # 9**

**1. What aspects do you like/dislike about AA?**

I like AA because it is formally focused on alcohol. A drug addict might have trouble.

**2. What aspects do you like/dislike about the Native 12 steps?**

I like that it is focused on empowerment dependency issues and responsibility for the self. With the Native steps we want to be responsible for our recovery, the spiritual self. We are responsible for who we are.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

Advantages have been since 1935. Similar groups have used them for any addictions. The disadvantages is that there is no cure for alcoholism; it can only be arrested. There is no sure thing. You have to have closure to stop drinking.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

They are comparable to AA's 12 steps focused on the same type of program. The advantage of AA is it would be able to relate better.

**5. What 12 step program do you think would be more appropriate for Native clients?**

The Native 12 steps. Everybody is looking for something. American Indian reclusion is high, and American Indians don't feel comfortable like a whole person.

**6. What has been the best way for Native people to get clean and sober in your experience?**

This is a Native format. Go to treatment or halfway house and find a job.

**7. What is the basis for your choice?**

My personal experience is I went back to school and something positive happens.

**Person #10**

**1. What aspects do you like/dislike about AA?**

What I like about AA is that it is a good starting off aftercare program for me; and I think for Native Americans, it becomes a good first step, actually, and I like the comradeliness that I felt from personal experience; and I felt that the first five years of my life, I could really feel it blend with my recovery. It was introduced to me by my grandpa who was in AA and who was very active and sobered up through AA, and I think that was one of the biggest parts that inspired me because he really believed in AA, and it helped clean him up and helped sober him up. That's one of the strong points. It can be a good behavior recovery, that you will be amongst others with the same problem so you won't feel so alone; and I think, if you do like I did. I was very fortunate to be doing it with my grandpa. AA is not going to be for everybody, but it's a good starting point, and for Native Americans, that's what I see for them to get to know what they are up against, especially chemicals, and they get to know themselves.

**2. What aspects do you like/dislike about the Native 12 steps?**

What I like about it is you're associating it with some other cultural backgrounds of our people that are or have drug and alcohol problems. For instance, there is the

Great Spirit, you know, and a lot of our Native people recognize that or probably acknowledge that more than other names that are given. For instance, if they are very traditional people, they are going to look at the Great Spirit as that Higher Power as a lot easier than they would than maybe in the Catholic sense, which I prefer God. It's the same thing with a Native American flavor. It would make it a lot easier to solve their problems to go to Him.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

The most important thing in AA's 12 steps is that they mention God and for me God is a very important factor, because for a lot of times we have new people coming in. I have been in this field. I find they are atheist or agnostic. Some people question God existing and are atheist and don't believe in it. The advantage of the 12 steps is it gives them the advantage of, how can I say, hope there is a Higher Power, when they come in they don't have any. And by the time they are done with these steps and with treatment, they will have a Higher Power. It might not be God or the Ghe-Manitou or the Great Spirit or they will have a Higher Power because at that point God sets that off saying that if you can't acknowledge me, then acknowledge something greater than you until you can reach me. And that's the advantage I see. For the agnostic or atheist, God sets up it to say that at one point that sooner or later you will turn to me. That's basically putting it all in one point that if you acknowledge a Higher Power sooner or later it will acknowledge me which He deserves and miraculously He will. That's my opinion. Disadvantages? I really don't see any. I like the way it is put out and how it reveals itself.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

The advantage is relating to our Native brothers and sisters, relating it in one word, the Great Spirit. That itself opens up a lot of doors for our people to relate to, be able to relate to, the dysfunction of alcohol and drug addiction, just that word opens up and makes it more comfortable for our people to accept who they are and feel what they need to do. I don't think there are any disadvantages to the Native 12 steps; I think it is well put. I like the way it comes from the heart. If it comes from the heart, they say the longest journey from the brain to the heart is a long one, so when it comes from the heart, and you read something you know, it comes from a there person who's had the experience behind it, and the sobriety behind it, and the ups and downs of living these steps and redoing them over and over again. So, I like it, I like the way it is put.

**5. What 12 step program do you think would be more appropriate for Native clients?**

Right now with our people, I would have to say the Native 12 steps, you know that you developed. I like the way it words itself out.

**6. What has been the best way for Native people to get clean and sober in your experience?**

In my opinion, the first thing they need to do is recognize their addiction; and secondly, when they recognize it, they need to talk about it. The third thing, when I go to a group, is that I am not better than you, and I am not less than you. I am equal to you. We have one thing in common here, and that's an addiction. I also explain to them, I am not a miracle worker and neither is this program, but what I am trying to do is give you the tools to put you back on the ground to fight that addiction, then the choice is yours.

**7. What is the basis for your choice?**

The basis of my choice is spiritualism, religion, personal experience, and being Native American. (1013 done at 3 pm Thursday)

**Person #11**

**1. What aspects do you like/dislike about AA?**

I like the group form. My opinion is it's hard to have Narcotics Anonymous because you get jumped on by AA members. I hear that a lot, in our groups. You can't bend a lot. They make a big thing out of it, you know what I mean? AA is about alcohol. I grew up with alcohol, for a while it worked for me. I do like it, the way it is set up, it's pretty cool. This is nothing I dislike about AA; it worked for me.

**2. What aspects do you like/dislike about the Native 12 steps?**

I don't know. To me, I've been doing this traditional stuff for a long time, and I think I like this Native one, and there are a few other Native ones, too, that are pretty much the same as this, but they are simple. It's about who we are, what we are. The Native steps are personal, you got to do it. I believe the 12 steps are connected to us. I can understand them pretty easy, the 12 Native steps. The Native steps are more personal, in my opinion, anyway.



**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

No matter who you are or what race you are if you want, AA's 12 steps work. The disadvantage is that if you don't want to do nothing, you can just sit there for every meeting, and I don't think that's right, you know what I mean? You have to take chances and stuff. Maybe it's up to the chairman, too. We tell them in group to talk and go to AA, and we find out they haven't talked in 10 meetings. When are you going to get ready? You have to take chances, that's what it's about, dealing with sobriety or what's going to make you drink? That's kind of where I'm at.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

It goes back to who we are. It's simple is how we can answer them. I have the 12 steps in my room, too. There are no disadvantages to the Native 12 steps I can think of right now.

**5. What 12 step program do you think would be more appropriate for Native clients?**

I would say the Native 12 step program, but probably the counselors would say no. We have the medicine wheel. I paid \$7,500.00 to learn it. Some of the counselors are scared to use it. Probably, for me, it is easier, for the teachings and learnings of the counselors we have here, it is pretty hard to follow that. It's hard to follow the Native 12 steps because of who we are, where we are at. We have Catholics in the program, who have different beliefs. Half of this program is about traditional. Spirituality is a big thing; I argue about it every day. Some think spirituality and religion is the same thing, and it's not.

**6. What has been the best way for Native people to get clean and sober in your experience?**

Spirituality, the sweats. I tried the Catholic way for two years, but I still drank on weekends, but I still did a lot of shit, you know. I tried all those things. I went to bible school for two years, but it never worked for me. So finally, I check out what spirituality was, beliefs, traditions, and I've been sober ever since I got on my first sweat, and I've been sober 27 years today. You never stop learning. Being a Catholic, I was empty, I still drank, I thought it was okay.

**7. What is the basis for your choice?**

I choose to work the Native spiritual beliefs, and I've been sober all these years. I've 23 years in this treatment program. I know it works because I am proof of it. We are simple people, and that's why it works for me. I think it's who we are. If

you live on this reservation, you'll know what I am saying. Working here 22 years as a counselor, we got to find different ways. Like you, you are finding different ways that is going to work. By talking to different people that have been in the business, been working, and that's how I see it. I can't see doing the same thing for years, going to church, going to AA, and think they are going to change, and they don't. For me, we are not counselors, we are teachers. I argue with a lot of people who come into the program, and they sign a contract they got to follow. I put outside participation and all that they have to come to the sweat once a week, or every other week. A lot of people say I'm forcing religion on them, and I tell them no, it's outside participation. I tell them it's part of the program. The sweat lodge ain't going to work if they don't take a chance to do it. On Fridays, they have nothing to do. I grab them and go get my trailer and haul grandfathers and that's praying too, if you do all that stuff. I have a twelve hundred dollar wood splitter. All these guys up here help do it, because you are getting blessed by the Creator for just doing that stuff. To me, I just got to cut the strings of that old stuff when they come in because, if we don't help them, give them different ideas to go different roads, they're not going to. So how are they going to learn something new if we don't give them the experience and that chance to learn it? If they don't want to go into sweats, I don't force them, but they still got to participate, it's just outside activities, like AA. I strongly believe sweats work. We have a spiritual drum that works for ceremonies and stuff. Every Thursday, I practice at my house. It's a commitment for the community and lot of them show up. Some even come from Minot and different places, and it's just the commitment that I do.

### **Person #12**

#### **1. What aspects do you like/dislike about AA?**

I believe a lot in AA without which I would not have stayed sober. I believe in it, and it helped a lot of people. What I disliked is that the confidentiality is broken. [We can always state] it still happens. I can always let my garbage go, and if they want they can have it.

#### **2. What aspects do you like/dislike about the Native 12 steps?**

I am not into the traditional way. It may work for those who are traditionalists. It states Great Spirit, I believe in God. I am Catholic; it's what I practice. You just take out certain words and change it. In the 20 some years I been here, they practice the Native way. I find they are not traditionalists.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

Personally good things, working together as a team . . . they were there to support me regardless of the hours. I can't think of any disadvantages other than more AA meetings or staying sober 24 hours a day.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

It would help those who believe in the traditional way of what they believe. The disadvantage is they are being forced to do something they don't believe in. If not, I see nothing wrong with it.

**5. What 12 step program do you think would be more appropriate for Native clients?**

Again, it is open to what they believe in. Some state as long as it is not being forced on them it would be great. I have no knowledge of Native culture when questioned.

**6. What has been the best way for Native people to get clean and sober in your experience?**

Reality therapy. It is when they tell you their stories . . . and letting them take a look at themselves when they were using. I am using the life skills program. A lot of them are in denial. Their family can tell you what they did.

**7. What is the basis for your choice?**

I am trained as a reality therapist for those familiar with therapy. For years, we had to play the bad or mean counselors and others played the good counselor in group.

**Person #13**

**1. What aspects do you like/dislike about AA?**

It is a process admitting, and making you take an inventory, learning from it, and moving on. With AA, you get to share with others and help someone else. There is nothing I dislike about AA.

**2. What aspects do you like/dislike about the Native 12 steps?**

For Native people, it is easier to understand. It is simpler. I believe in God. With Native North Americans, He is not called God; that is, you have to be Catholic to believe in God. It is just more spiritual.

**3. What aspects do you think are advantages/disadvantages with AA's 12 steps?**

Becoming sober, continuing your sobriety by continuing the steps. There are no disadvantages about AA's 12 steps.

**4. What aspects do you think are advantages/disadvantages with the Native 12 steps?**

In the Native steps, they use Great Spirit, whereas in AA they use God. Some people can't establish the difference between spirituality and religion. The Native steps are about being specific to yourself.

**5. What 12 step program do you think would be more appropriate for Native clients?**

The Native steps.

**6. What has been the best way for Native people to get clean and sober in your experience?**

I have never been to a sweat. Once Native clients have been to a sweat, I believe that Native culture works, but I have yet to try it. A lot of people are, that are Native clients, stay sober after using Native ways or traditionalism. We include activities that are cultural. We pick sage, sweet grass, willow, dream catchers, journey sticks, paintings, and cultural activities, and that has to do with the Native way.

**7. What is the basis for your choice?**

From my own experience, it works. Book assignments are the same thing, with the Native way, they are asked to do more. It is really finding out who they are.

## REFERENCES

- Alcoholics Anonymous World Services, Inc. (2001). *Alcoholics Anonymous* (4<sup>th</sup> ed.). New York, NY: Author.
- Alcoholism. (n.d.). In *Oxford English Dictionary*. Retrieved from <http://www.oed.com/view/Entry/4710?redirectedFrom=alcoholism#eid>
- American Indian. (n.d.). In *Oxford English Dictionary*. Retrieved from <http://www.oed.com/view/Entry/271676?redirectedFrom=american+indian&>
- American Psychiatric Association. (2010). Mental health disparities: American Indians and Alaska Natives. *APA Fact Sheet*. American Psychiatric Association, Office of Minority and National Affairs. Retrieved from <http://www.psych.org/Share/OMNA/Mental-Health-Disparities-Fact-Sheet--American-Indians.aspx>
- Arbogast, D. (1995). *Wounded warriors: A time for healing*. Omaha, NE: Little Turtle Publications.
- Berelson, B. (1952). *Content analysis in communications research*. Glencoe, IL: The Free Press.
- Bopp, J., Bopp, M., Brown, L., & Lane, P. (1988). *The Sacred Tree* (special edition). Lethbridge, Alberta: Four Winds Development Project.
- Brown, G. J. (1991). *Treatment doesn't work*. Scotia, NY: Baldwin Research Institute, Inc.
- Castellano, M. B. (2008). Indigenous research. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Volume 2). Thousand Oaks, CA: SAGE Publications, Inc.
- Center for Substance Abuse Treatment. (2008). An introduction to mutual support groups for alcohol and drug abuse. *Substance Abuse in Brief Fact Sheet*, 5(1), 1-6. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Coyhis, D., & Simonelli, R. (2008). The Native American healing experience. *Substance Use and Misuse*, 43(12/13), 1927-1949. doi: 10.1080/10826080802292584

- Davis, C. S. (2008). Critical action research. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Volume 1). Thousand Oaks, CA: SAGE Publications, Inc.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other Native Peoples*. New York, NY: Teachers College Press, Teachers College, Columbia University.
- Eshkibok, M. (2004, November). *The Native 12 Steps: A pilot study of its potential use among native treatment professionals* (Unpublished master's thesis). Shippensburg University, Shippensburg, Pennsylvania.
- Fiordo, R. (2011, April). Contributions to General Semantics from Charles Morris: An Abstraction. *ETC: A Review of General Semantics*, 68(2), 156-177.
- Fisher, G. L., & Roget, N. A. (Eds.). (2009). *Encyclopedia of Substance Abuse, Prevention Treatment & Recovery, Volumes II*. Los Angeles, CA: Sage.
- Foley, D. (2003, Summer). Indigenous epistemology and Indigenous Standpoint Theory. *Social Alternatives*, 22(1), 44-52.
- Four Worlds International Institute. (n.d.a). *Four Worlds International Institute for Human and Community Development: Executive summary*. Retrieved from <http://www.4worlds.org/4w/exesum/execsum.html>
- Four Worlds International Institute. (n.d.b). *Part IV – case studies: The Alkali Lake community story*. Retrieved from <http://www.4worlds.org/4w/ssr/Partiv.htm>
- Garrett, M. T., & Carroll, J. J. (2000, Fall). Mending the broken circle: Treatment of substance dependence among Native Americans. *Journal of Counseling & Development*, 78(4), 379-388.
- Garrouette, E. M., Beals, J., Keane, E. M., Kaufman, C., Spicer, P., Henderson, J., . . . Manson, S. M. (2009, September). Religiosity and spiritual engagement in two American Indian populations. *Journal for the Scientific Study of Religion*, 48(3), pp. 480-500.
- Gould, L. (2006). Alcoholism, colonialism, and crime. In J. I. Ross & L. Gould (Eds.), *Native Americans and the criminal justice system* (pp. 87-102). Boulder, CO: Paradigm Publishers.
- Grande, S. (2004). *Red pedagogy Native American social and political thought*. Lanham, MD: Rowan and Littlefield Publishers, Inc.
- Grant, J., & Brown, T. (2003, June). American Indian & Alaska Native Resource Manual. Arlington, VA: NAMI, The Nations Voice on Mental Illness.

- Hazelden Foundation. (2005). *Wisdom to Know, More Daily Meditations for Men* [Hazelden Meditations]. Center City, MN: Hazelden Foundation.
- Hodge, D. R., Limb, G. E., & Cross, T. L. (2009, July). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work*, 54(3), 211-219.
- Holsti, O. R. (1969). *Content analysis for the social sciences and humanities*. Reading, MA: Addison-Wesley Publishing Company.
- IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, and IHS. (2011, August). *American Indian/Alaska Native National Behavioral Health Strategic Plan, 2011-2015*. Rockville, MD: Indian Health Service, Division of Behavioral Health.
- Johnson, W. (1946). *People in quandaries: The semantics of personal adjustment*. New York: Harper & Brothers.
- Kasl, C. S. (1992). *Many Roads, One Journey: Moving beyond the 12 steps*. New York, NY: HarperCollins Publishers.
- Keyton, J. (2006). *Communication research: Asking questions, finding answers* (2<sup>nd</sup> ed.). New York: McGraw Hill.
- Krippendorff, K. (1980). *Content analysis: An introduction to its methodology*. London: Sage.
- Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Levinson, M. H. (2002). *The drug problem: A new view using the general semantics approach*. Westport, CT: Praeger Publishers.
- Ma, G. X., & Henderson, G. (2002). *Ethnicity and Substance Abuse Prevention and Intervention*. Springfield, IL: Charles C Thomas, Publisher.
- Maltzman, I. (2008). *Alcoholism: Its treatments and mistreatments*. Singapore: World Scientific Publishing Co. Pte. Ltd.
- Mancall, P. C. (2004). "I was addicted to drinking rum": Four centuries of alcohol consumption in Indian country. In Tracy, S. W., & Acker, C. J. (Eds.), *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000*. Amherst & Boston: University of Massachusetts Press.

- Lane, P. (2002). *Mapping the healing journey: The final report of a First Nation research project on healing in Canadian aboriginal communities*. Ottawa, Ontario: Solicitor General, Canada.
- Marshall, E. J., Humphreys, K., & Ball, D. M. (2010). *The treatment of drinking problems: A guide to the helping professions* (5<sup>th</sup> ed.). New York: Cambridge University Press.
- McGovern, F., & White, W. (2002). Alcohol Problems in the United States, Twenty Years of Treatment Perspective, *Alcoholism Treatment Quarterly*, 20(3-4), 1-3. doi: 10.1300/J020v20n03\_01
- Medicine, B. (2007). *Drinking and sobriety among the Lakota Sioux*. Lanham, MD: ALTAMIRA Press, a division of Rowman & Littlefield Publishers, Inc.
- Meriam, L., Brown, R. A., Cloud, H. R., Dale, E. E., Duke, E., Edwards, H. R., McKenzie, F. A., Mark, M. L., Ryan, W. C., Jr., & Spillman, W. J. (1928, February 21). *The problem of Indian administration* [also known as the Meriam Report]. Baltimore, MD: The Johns Hopkins Press.
- Miles, M. B. (1979, December). Qualitative data as an attractive nuisance: The problem of analysis. *Administrative Science Quarterly*, 24(4), pp. 590-601.
- Neuendorf, K. A. (2002). *The content analysis guidebook*. Thousand Oaks, CA: Sage Publications, Inc.
- Norris, T., Vines, P. L., & Hoeffel, E. M. (2012, January). The American Indian and Alaska Native Population: 2010. *2010 Census Briefs*, p. 4. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>
- Prussing, E. (2011). *White man's water, The politics of sobriety in a Native American Community*. Tucson, AZ: University of Arizona Press.
- ResearchWare, Inc. (1988-2012). *HyperRESEARCH<sup>TM</sup> software for qualitative data analysis: User guide* (Version 3.5). Randolph, MA: Author. Retrieved from <http://www.researchware.com/downloads/researchware-repository/func-startdown/37/>
- Riffe, D., Lacy, S., & Fico, F. G. (1998). *Analyzing media messages: Using quantitative content analysis in research*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Robson, C. (2011). *Real world research* (3<sup>rd</sup> ed.). Chichester, West Sussex, UK: John Wiley & Sons Ltd.



- Robyn, L., & Alcoze, T. (2006). The link between environmental policy and the colonization process and its effects on American Indian involvement in crime, law, and society. In J. I. Ross & L. Gould (Eds.), *Native Americans and the criminal justice system* (pp. 67-84). Boulder, CO: Paradigm Publishers.
- Schramm, W. [Chaffee, S. H., & Rogers, E. M., Eds.]. (1997). *The beginnings of communication study in America: A personal memoir*. Thousand Oaks, CA: SAGE Publications, Inc.
- Smith, B., & Wilson, B. (2013, first published in 1939). *The big book of Alcoholics Anonymous* (Special 2013 edition). Lark Publishing LLC
- Solomon, M. (2005). *AA – Not the only way* (2<sup>nd</sup> ed.). Anchorage, AK: Capalo Press.
- Spiritual. (2013). In *Merriam-Webster's online dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/spiritual>
- Spirituality. (2013). In *Merriam-Webster's online dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/spirituality>
- Tarr, J. (2004). Embodiment, reflexivity and movement re-education: An ethnographic case study. In C. Seale (Ed.), *Researching society and culture* (2<sup>nd</sup> ed.; pp. 454-462). Thousand Oaks, CA: Sage Publications, Inc.
- Tisdell, E. J. (2008). Feminist epistemology. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Volume 1). Thousand Oaks, CA: SAGE Publications, Inc.
- Treatment program and book 'addiction cure' claims raise hackles. (2010, May 3). *Alcoholism Drug Abuse Weekly*, 22(17), p. 1.
- Velleman, R. (2011). *Counseling for Alcohol Problems* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publications Inc.
- Walle, A. H. (2008). *Recovery the native way, A therapist's manual*. Charlotte, NC: IAP – Information Age Publishing, Inc.
- Warne, D. (2011, August 3). *Holistic approaches to treatment and prevention*. Presentation at the IHS/BIA/BIE/SAMHSA Action Summit, Scottsdale, AZ.
- Weaver, D. (1993). Communication research in the 1990's: New directions and new agendas. In P. Gaunt (Ed.), *Beyond agendas: New directions in communication research* (pp. 199-220). Westport, CT: Greenwood Press.

Whitbeck, L. B., Chen, X., Hoyt, D. R., & Adams, G. W. (2004, July). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol*, 65(4), pp. 409-418.

Wilson, B. (1953). *Twelve steps and twelve traditions*. New York: Alcoholics Anonymous World Services.

Wilson, B. (1967). *As Bill sees it: The A.A. way of life (Selected writings of A.A.'s co-founder)*. New York: Alcoholics Anonymous World Service, Inc.